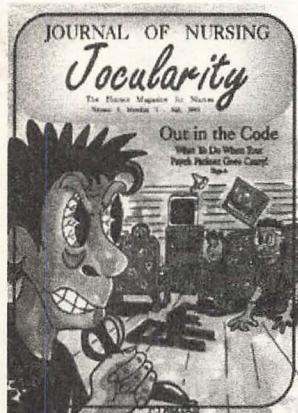


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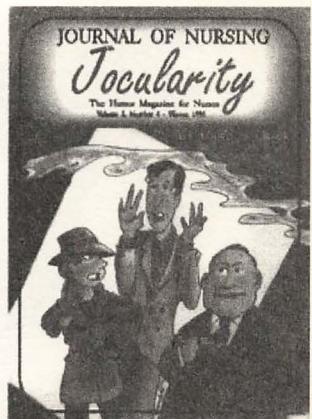
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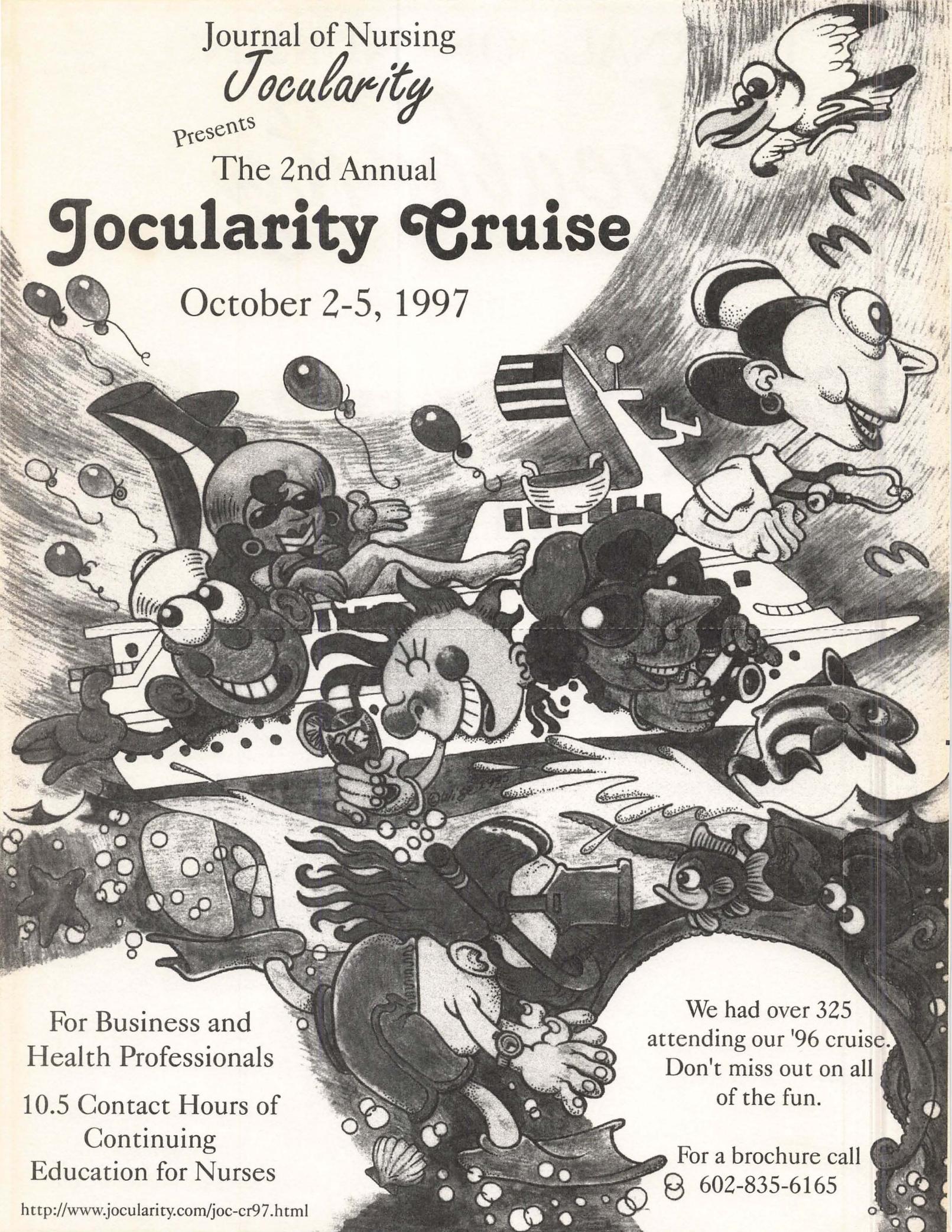
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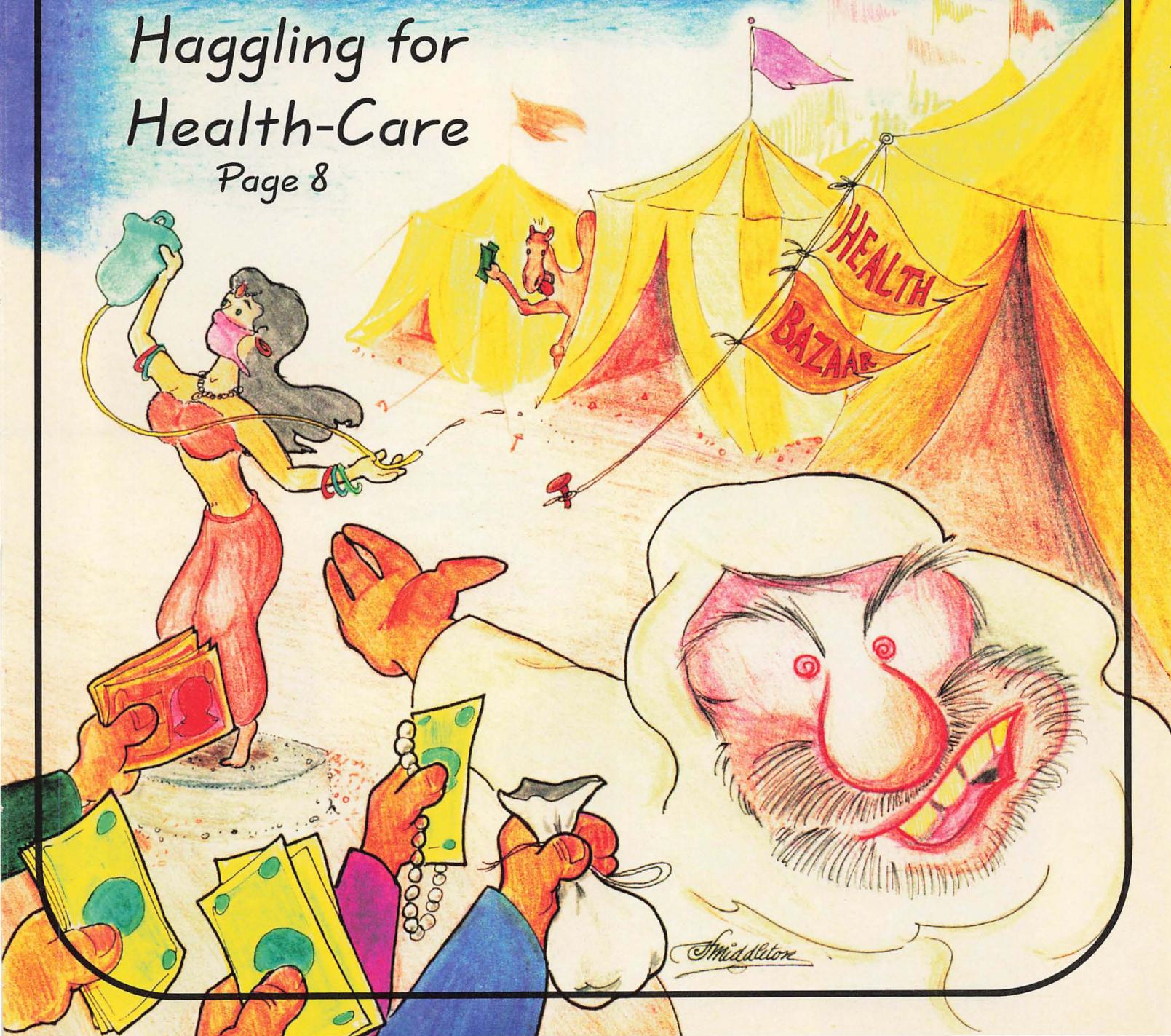
Jocularity

The Humor Magazine for Nurses

Volume 7, Number 1 - Spring, 1997

Haggling for
Health-Care

Page 8

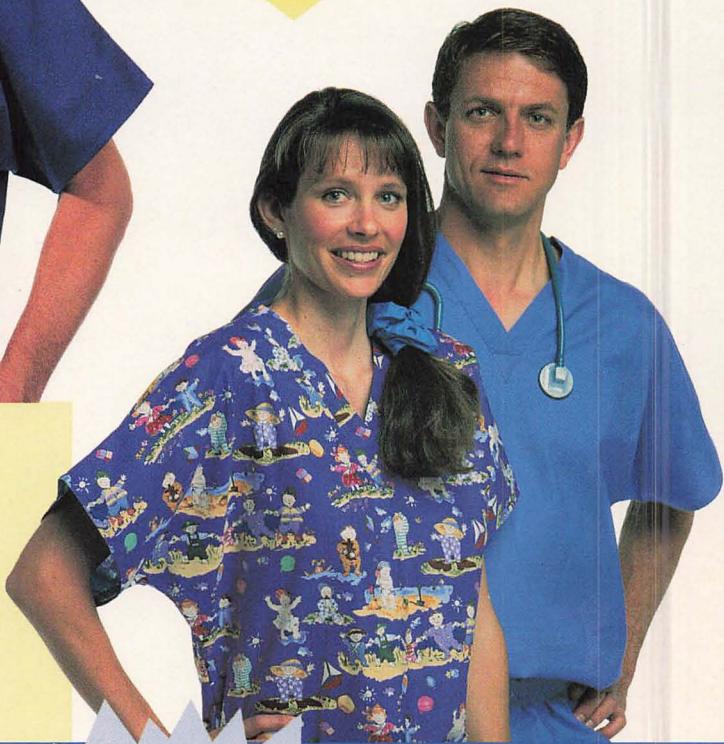


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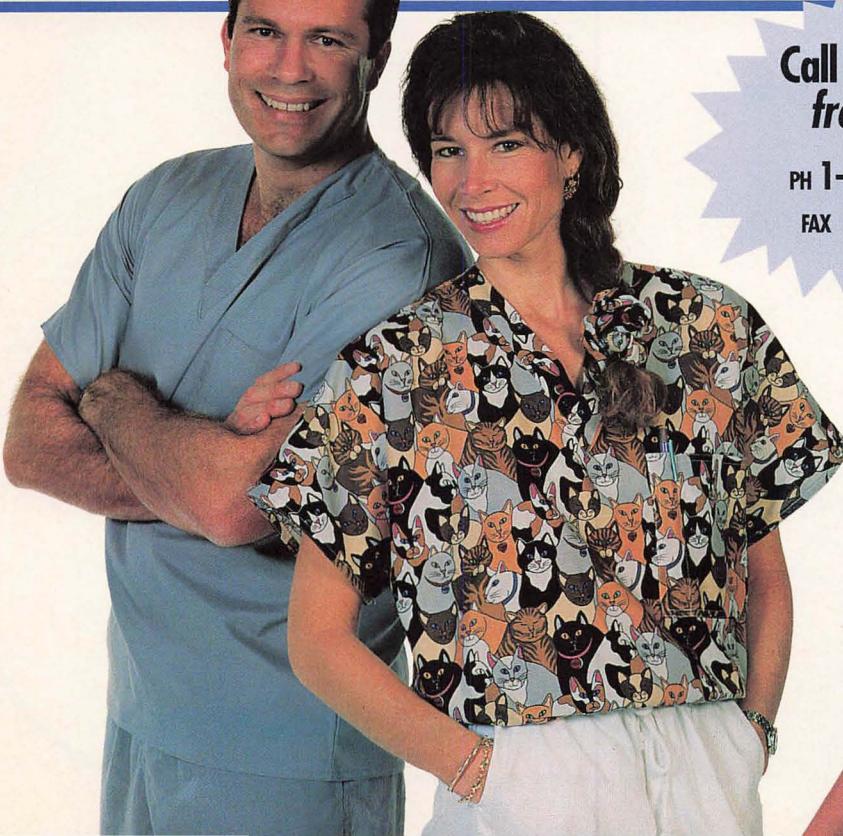
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Incident Report

Location: Journal of Nursing Jocularity

Date: Sometime in 1996

Nature of Incident: It recently has come to our attention that the company generating all of our invoices and renewal notices, and processing all of our subscriptions has been doing less than a perfect job throughout the year of 1996. In the past, you may have received renewal invoices that said your subscription was expired, long before it was to expire. You may also have never received a renewal notice after your subscription expired.

We are now handling all of our subscription processing and renewal invoicing ourselves. It hasn't been an easy transition, and we sincerely hope that we haven't made any errors along the way. If you have not received all your issues of the JNJ or need to talk to someone about your subscription, you can now call us directly at 602-835-6165 and ask for Alice in our subscription department. You can also write our subscription department at: JNJ Fulfillment. P.O. Box 40368, Mesa, AZ 85274.

Please let us know how we are doing and inform us of any problems you may have with your subscription.

Nurse that witnessed the incident: Doug Fletcher, RN, Publisher
Journal of Nursing Jocularity

Journal of Nursing *Jocularity*[®]

Table of Contents

Spring 1997 - Vol. 7, No. 1

Features

Haggling for Health Care by Raymond Bingham, RNC **8**

Illustrations by Jim Middleton, RPh

Happy Nurses' Day! by Charlene Gayle S. Pattillo, RN, BSN, QT **12**

What Type of Nurse Are You? by Christine Stephens, RN **14**

Recovering From Cancer At Home written and illustrated by Nicole Ferentz **18**

Troll-Treating in the ER by Jane McKay, RN **20**

The Colonoscopy That Never Was Andrea H. Sangrik, RN, BSNA **22**

You Can Never Be Too Safe by Sandie Molloy, MSN, RN **26**

When You Call a Nurse for Advice by Karen Spencer, RN, ADN **27**

Who Was That Masked Man? by Michael Roth, BS, RN, CNOR **28**

Illustrations by Ben Boykin, RN

Top Ten Reasons Administration Gives For Short-Staffing by Frances Kiefer, RN, MSN **31**

Prepping for JCAHO by Steve J. Schweon, BSN, RNC **32**

Daily Weights by Kathryn Fraser, RN, C **34**

Illustrations by Bob Quick, RN

The Charting Hour by Ralph Holloway, RN **35**

Illustrations by John Wise, RN

The Bad Shift by Carol Cramer RN, BSN, CEN **37**

Humor Therapy for Culturally Diverse Psychiatric Patients

by Josepha Campinha-Bacote, PhD, RN, CS, CTN **38**

Cartoons

13 Side Effects
by Kevin Raye Larson

15 Upper and Outer
by Philip Welti, RN

24 Little People
by Linda Marie, LVN III

25 Warning
by Kevin Raye Larson

25 Bikers in Rehab
by Mark Ayers, RN, MS

43 Staffing
by Carl Elbing, RN, BSN

40 Trauma Center
by Don Marquis

44 Culture and Sensitivity
by Bob Quick, RN

45 The Adventures of PMS, the
PM Supervisor
by C.J. Miller, RN

47 Going and Going
by Carl Elbing, RN, BSN

53 Backboards
by Steve Berry, NREMT-P
Reprinted by permission from *I'm
Not an Ambulance Driver*

57 HMO
by Eric B. Petersen
Reprinted by permission from *The
Illustrated Manual for HMO
Executives*

59 Tendency to Blow
by Mark Ayers, RN, MS

Departments

Editor's Note 5

Stethoscope: Listening to Our Readers 6

Stories From The Floor

Edited by Mark Darby, RN **16**
Illustrated by C.J. Miller, RN

Call Lites, The JNJ Joke Collection

Edited by John Baringer, RN **24**

Liven Up! Fun for Folks at Work

Edited by Colleen Gullickson, RN, PhD **30**

Student Nurse Cut-Ups

Edited by Judith Vallery, EdD, RN **36**

CQI Deficits

Edited by Doug Fletcher, RN **41**

Nurse's Notes

by Claire E. Rombalski-Talmadge, RN, Jane C. Kinyon, MSN, RN
and Julie Diane, RN, BA, CCRN **42**

Games and Puzzles 48

Cardiac Nursing Wordfind by Sandie Molloy, RN, BSN
Health Care Partner Match-Ups by Frances Kiefer, RN, MSN

A Note From The Publisher

by Doug Fletcher, RN **52**

Classified Ads 53

HumoRx

by Karyn Buxman, RN, MS **56**

Jest for the Health of It

by Patty Wooten, BSN **58**

Punchline Puzzler

Illustrations by John Duncan, LPN **60**

Journal of Nursing

Jocularity

The Humor Magazine for Nurses

Who We Are

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MUSINGS

FROM THE EDITOR

Whether you're a formal or informal leader where you work, you've probably spent part of your life preparing for Nurses' Week. Maybe you planned the snacks or booked a speaker. It doesn't take lots of skill to do this. Just some time, enthusiasm and a plan.

This year, I propose you consider celebrating an additional contributor to healing. Since 1976, April has been designated National Humor Month. That's right. Nurses get a week, but humor gets a whole month. Appropriately, it's the month that starts with April Fools' Day.

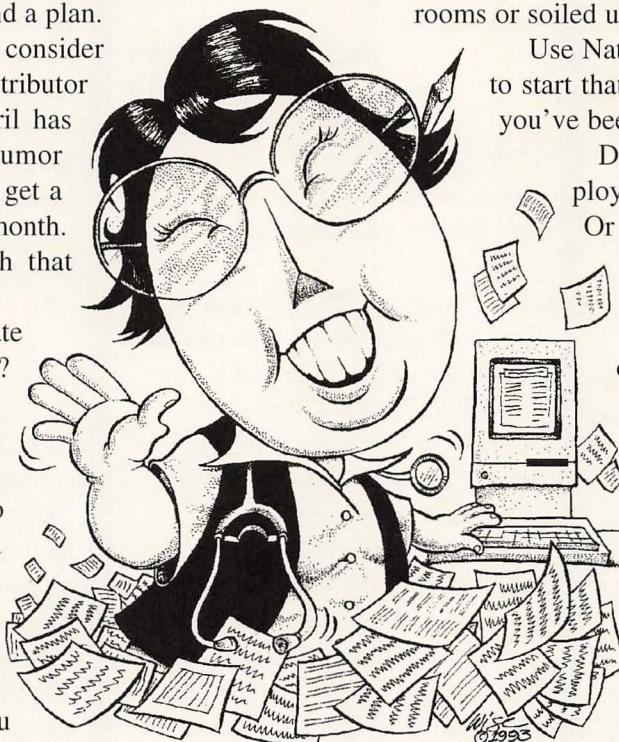
Why should you celebrate National Humor Month at work? Well, because it's fun. You can use this as your excuse to educate your colleagues on the therapeutic use of humor. Who in health care doesn't need a morale boost these days?

How might you celebrate this occasion? Use your imagination and creativity!

Find a group of people you work with who value laughter as much as you do, and brainstorm! And don't forget to involve sympathetic managers or administrators in the meeting; this will help a lot when you implement your plan. Tell them the American Society for Health Care Marketing and Public Relations recognizes National Humor Month as a potential theme to celebrate.

Work together to choose humor activities appropriate for your organization. (That's why you get management involved in the planning.) *JNJ* accepts no responsibility for negative outcomes!

What sorts of things might you plan to do? Well, it depends on the status of humor in your organization, and what would work. You don't need a big budget to celebrate humor . . .



Cut health care-related comics from your newspapers. At the start of National Humor Month, have members of your team tape these comics in places where they'll be found in moments of stress, like on the telephones, in medical rooms or soiled utility rooms.

Use National Humor Month as an excuse to start that humor board, or basket or room you've been thinking about.

Distribute a list of tips on how employees can promote humor at work. Or pass out a bibliography on the therapeutic use of humor, including readings like: Fry, W. F. (1992). The physiological effects of humor, mirth, and laughter. *JAMA*, 267(13), 1857-1858.

If your organization has e-mail, use it to spread the humor message. Send bibliographies, humor-promoting tips, or a tasteful joke or riddle every day.

Run a contest for the-funniest-thing-that-happened-to-me-at-work anecdote. Ask a local comedy club to donate a prize.

For more ideas, turn to *JNJ*'s column *Liven Up: Fun for Folks at Work*. If you start with just one or two activities and follow through, the mood of National Humor Month might very well catch on in your organization. Humor may spontaneously spring from your colleagues!

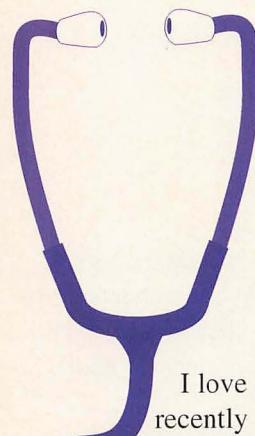
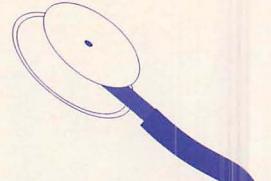
And don't forget to send your best experiences to Colleen Gullickson, the editor of *Liven Up*. Might as well share your success with the world, and get a free T-shirt in the process!

Fran London

Fran London, MS, RN
Editor

Stethoscope:

Listening to our Readers



I love your magazine and recently found out about it. What I would like to share with you is that I am a nurse of twenty-three years and loved my profession. But it gets harder everyday to go in. But your magazine put a great spin on it and a smile on my face and hopefully we will get through this together. Thank you.

Jinny Clancy, RN
via Internet

I would like to cancel my subscription to the *Journal of Nursing Jocularity* immediately.

I have been extremely displeased with your magazine. When I initially subscribed, I thought it would be like "All in a Day's Work" in *Reader's Digest*—good, clean humor.

As I began reading through the first issue I received, I was shocked at the sexual connotation that so many of the submissions had. Thinking that, perhaps, it was just a poor issue, I decided to wait until I could peruse the second issue before I cancelled my subscription.

As I looked through the two magazines, my thoughts were that people who have those kinds of thoughts should not be in the health care field.

The *Journal of Nursing Jocularity* is a magazine I would be

embarrassed for anyone to know I read. The cover itself certainly does nothing to promote respect for the nursing profession; it looks like one is reading a trashy comic book. I find it difficult to believe you call it *Journal of Nursing*; what an insult to the profession! I certainly hope this trashy magazine finds its demise soon.

Marcina Gay, RN, BA
Grove City, OH

Publisher's Note: Wow! When a patient's sense of humor offends you, how do you respond?

I really used to love it when it started. It was like an underground newsletter. Then I noticed it started to take itself seriously. There were letters from prissy types who objected to the use of descriptive scatology. They threatened to cancel their subscriptions, one wonders who subscribed it for them. I noticed it started to refer to shit as poop and doody. The language started to clean up and I started to check the cover to see if I had picked up AJN by mistake. The magic was gone. This had become a trade rag for NURSING! I miss the familiar contempt for those people who never had to scrape shit out of their nails. There is only a faint whiff of irony in the articles trashing the desk-riding nurses. When you start to take humor seriously, it's just another magazine, with a few half-hearted cartoons. Boy, That HURTS!

S. Wampett
via Internet

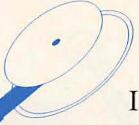
I enjoy my new subscription to JNJ. I really believe in humor in nursing and in all (if possible) life situations. Can I give you an example?

My father lay seriously ill of lung cancer in his hospital bed. His roommate was a nice old man with dementia. The roommate decided to take a walk down the hall with his IV pole. The only trouble is, his hospital gown exposed his entire bare rear end! I found this hilarious and I couldn't stop laughing. The laughing was a catharsis for all the pain I felt about losing my dad. I will never forget that.

Marsha Hubib, LPN
Pittsburgh, PA

I had the best time at the first annual Jocularity cruise! It was one of the best times I have ever had. Whoever had the idea to put jocularity and a cruise together was a very smart person. I wanted to thank all of you for the wonderful opportunity. My life has totally changed in the last month. I have been in and out of the hospital having tests run. I have now been diagnosed with a chronic illness. I don't think I would have made it through the past days without a sense of humor. I have been to two of your humor workshops and I think they have helped me a lot. I am signed up to go to the next Jocularity cruise. I am taking my husband to this one. I feel like he deserves a break after all I have put him through. Thank you once again for all the laughter.

Gail Seeds, RN
via Internet



I am a pediatric home health nurse.

Recently I lost a 7 year old patient after I had cared for him for 3 years. Whether or not it was professional, I don't know—but I was devastated by his death. I felt as if my own child had died. Indeed, I cried for days.

So it was with much interest I read your article "The Nursing Diagnosis and Treatment of Death" by Estelle Codier, RN. (I bet by now you're cringing and expecting to be ripped to shreds—wrong!) I loved the article! It was exactly what I needed. I laughed for the first time in literally weeks. It broke the tremendous tension and sorrow I had been cemented in. The part headed "Nursing Care of the Nurse" was particularly wonderful. I will never let myself forget the words, "The nurse who can no longer feel is a dead nurse." That helped me put my grief into perspective. Thank you!

Also, from experience I can say that the article "Inevitable Outcomes in Home Health Nursing" was right on target! Not to mention funny. I'll never forget the time a patient gave me his address but forgot to tell me the same numbers were used on both the east and west sides of the street. He happened to live on the east side but I showed up on the west side—which was an adult bookstore! I switched to working just pedi shortly after that!

Thank you for your wonderful magazine. Please keep up the good work.

Jacquie Baldwin, LVN
Houston, TX

I'd like to tell you how much I enjoy your magazine. I have been a nursing attendant since 1969, and I have come across many of the

situations that you so humorously describe. Lay people just don't believe the stories we tell them; but you can't make this stuff up, right?

In the course of my twenty-seven years at my hospital I have worked on several units, including a fifteen-bed Oncology unit. Now, as I said, I'm not a nurse, and there wasn't always that much I could do for many of those patients. I felt, however, that I did have a contribution to make in that (toot my own horn) I have a pretty good sense of humor, and (generally) a cheerful personality. If I could get a smile or a laugh out of someone undergoing chemo, then my day was complete. Sometimes that was about all I was able to do for that patient, because the rest of their care was beyond my skills. But I really believed (and did believe, before I ever saw your magazine) that a smile or a chuckle can be worth more than all the medicines in the pharmacy! So, to each his/her own talents, skills and licenses!



Anyway, I now keep up with your magazine courtesy of my sister, who is a nurse in a VA hospital (now there's a fun place to work!) in California. I then pass the mags onto co-workers on the Geriatric Unit on which I work. We can sure use a laugh there!

Best wishes for continued success in the future, and remember, a laugh a day saves on tissues needed for tears (or something like that!).

Lois Baldwin
via Internet

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D. Free distribution by mail, carrier or other means, samples, complimentary, and other free copies	58	53
E. Free Distribution Outside the Mail	None	None
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I don't know why these things always happen to me.

I stopped in the supermarket to pick up some stuff for dinner. The store was fairly crowded and the checkout lines were long. I spied a line that had only one guy in it. "My lucky day," I thought as I whipped my cart in behind his. I wish I had paid attention to the knowing smiles of the wise shoppers on other lines.

The man ahead of me had a full cartload. It rung up to around \$100, I noted. As I unloaded my basket, I heard the man and the checker argue.

Man: "Here is fifty dollars. That is all I want to pay for these groceries."

Checker: "Oh, I'm sorry. What do you want to put back?"

Man: "No, you don't understand. I want all these groceries. I just want to pay \$50 for them."

Checker: "But sir, these items all have prices on them. You knew how much they would cost."

Man: "Correction. I knew how much you would want to charge me for them. But that is not how much I want to pay. After all, I am a valued customer."

Checker: "We have a lot of valued customers. We cannot let them tell us how much they want to pay for everything. They pay the prices of the items they buy. That's the way a store works. That's how I get paid."

Man: "That's not the way I work. It's not that I don't have the money. I just choose not to spend it this way. Here is my \$50. Take it or leave it."

What a jerk, I thought. Usually I get stuck behind

the lady who fishes in her pocketbook for her ten cent coupon for cream of mushroom soup, only to have the checker inform her she bought no soup, so then she has to get a can of soup, and she comes back with cream of mushroom, but the wrong brand. That gets annoying. But this guy was a total nut case.

After handing the checker his \$50 bill, he stood defiant and firm. The checker reached for her light to call the manager, and accidentally knocked the man's wallet on the floor.

I stooped to pick it up. It was heavy, crammed full of 20's and 50's. Maybe he was one of those eccentric rich homeless people, I thought. Then I glanced at the name on his driver's license and everything became clear.

I recognized his name. It was burned into my mind. While it would have been nice to have slipped a couple of 50's out of his wallet, what I wanted most was to swipe that driver's license, so I could pin it on my bare wall and throw darts at the picture.

His name was Hal Borgson, and he was the head of a big HMO. At one time he was widely proclaimed as the next generation of health care executives.

Last summer, his HMO had signed a big contract with the hospital where I used to work as a nurse. It was big news. Maybe you read about it. The HMO saved a bundle by refusing to pay the hospital its normal charges. In fact, it squeezed the hospital, forcing it to accept about half the normal reimbursement for services. The business community heartily regaled Borgson's HMO for making such a steal.

I guess now Borgson thought this is how the real world would always work, that businesses everywhere would fall at his feet, gladly willing to accept half payments for whatever he may want to buy.

Meanwhile, in the fall, the hospital where I used to work had a big reorganization. That winter, I got laid off. I was standing in the checkout line behind this guy, holding what few items my unemployment check could cover. I was pretty pissed. But I watched the unfolding scene with increasing interest.

The manager came over.

Manager: "Is there a problem here?"

Checker: "This man rang up \$100 worth of groceries, but will only give me \$50 for them."

Manager: "Sir, if you only have \$50, then you can only buy \$50 worth of food."

Borgson: "No, what you need to do is cut your costs so that I can have my groceries at the price I choose to pay. After all, this store is a wasteland of inefficiency."

Manager: "Do you have any idea how to run a supermarket? We

do the best we can on the slimmest of profit margins."

Borgson: "But you could do so much more. For instance, that lady over there (he pointed to the Bakery counter), you don't need her. Fire her."

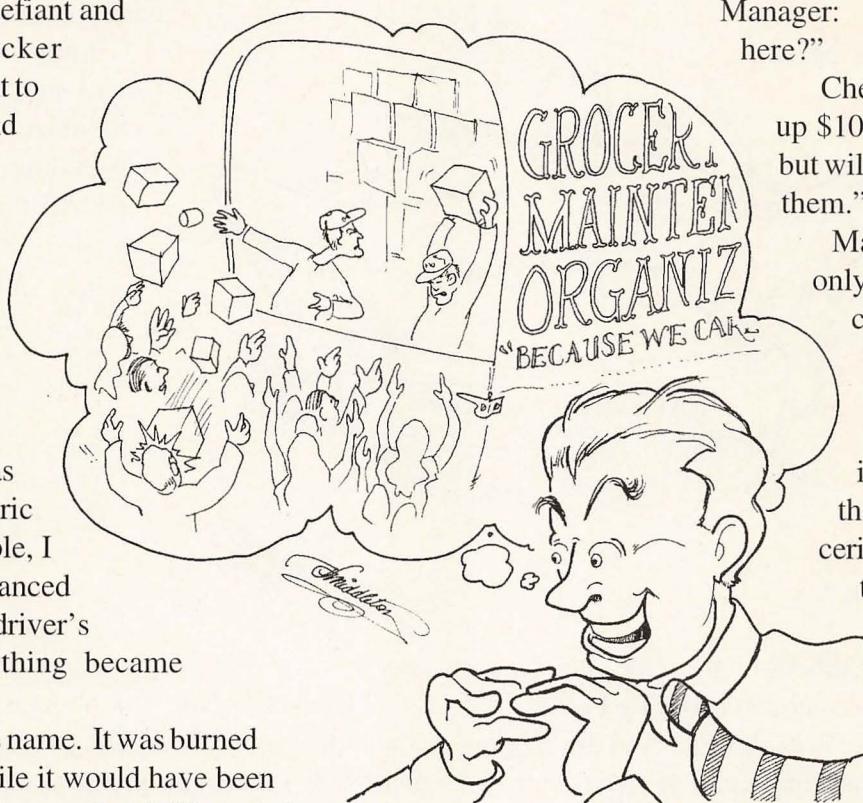
Manager: "She bakes all our bread and cakes. Our customers like fresh bakery items. They smell good."

Borgson: "Freshness is irrelevant. Smell is irrelevant. Besides, right now she is standing there doing nothing."

Manager: "She is waiting on customers."

Borgson: "Not on my clock, she isn't. Eliminate her position, put her on part time with no benefits, have her come in once a week and bake everything and put it in the freezer, then get the hell out. And that man over there." (He pointed to the man mopping the floor.) "Fire him."

Manager: "But he cleans our floors and shelves.



Our customers expect a sanitary store."

Borgson: "Sanitation is irrelevant. Outsource his job. Have a cleaning service come in for one hour a week, two max. And that man over there (he pointed to a stock clerk). Fire him."

Manager: "But he keeps our shelves stocked. Our customers expect full shelves."

Borgson: "Stocking is irrelevant. Stop coddling your customers. Just unload the boxes from the truck and throw them out on the floor. In fact, maybe you should just park the truck in the back and get the customers to unload it.

Think of the bundle you would save then."

Manager: "Sir, in this store, we pride ourselves on service. It keeps our customers coming back."

Borgson: "Service is irrelevant. And these lights. They're too bright. Save on electricity, turn them off."

Manager: "Our customers want a clean, well lit place. They need to see what they are buying."

Borgson: "Illumination is irrelevant. Teach your customers to be happy with whatever they can get, as long as the prices are low. And her (he looked directly at the checker). Fire her."

Manager: "But sir, she just rang you up. She's one of our best workers."

Borgson: "Right, but I don't need her anymore. Get rid of her."

Manager: "But we have a whole line of other customers."

Borgson: "Customers are irrelevant. Listen, I'll let you in on a secret. If you cooperate with me, you can get your store in on the ground floor of my new operation. I'm planning to start up the country's first GMO."

Manager: "GMO?"

Borgson: "Yes, Grocery Maintenance Organiza-

tion." He smiled a devilish smile and wrung his hands with greedy delight. "We'll get people to pay us to provide them with groceries every week. Then we will fix our rules so that only the elderly, the sick, and people with AIDS can get benefits."

Manager: "The elderly? The sick? People with AIDS? But they hardly eat anything."

Borgson (screeching with excitement): "Exactly! We'll maximize our profit margin by excluding anyone who might develop an appetite!"

Manager: "But what about teenagers, adults, families with young children? They need to eat too. In fact, they are our best customers."

Borgson: "Bah, humbug. We are not in business for charity

cases."

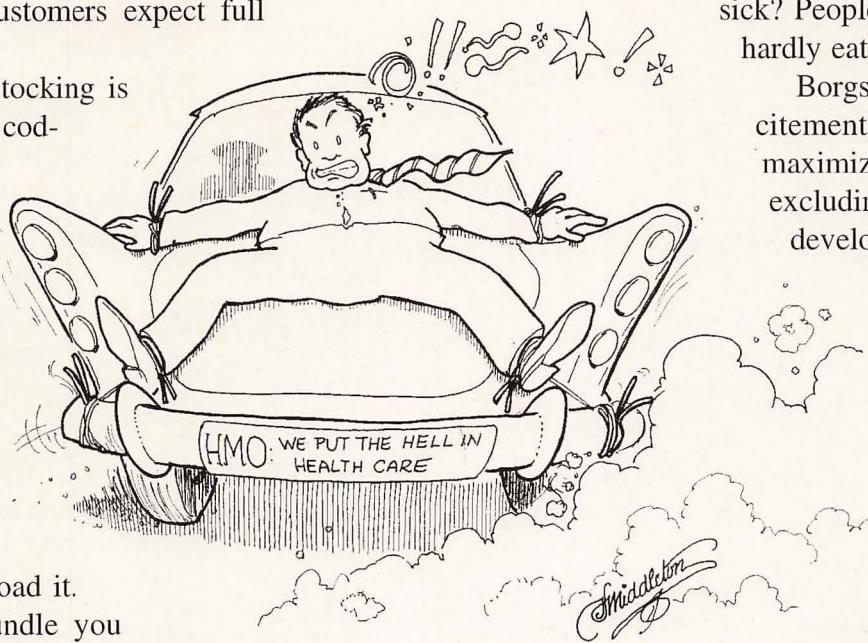
Manager: "Sir, it is obvious you know nothing about the grocery business. As manager of this establishment, I have the pleasure of denying service to obnoxious and disruptive individuals."

The manager then called over the bakery lady, the floor mopper, the stock clerk and the checker, and together they corralled Borgson, stuffed him into a grocery cart, wheeled him out to his waiting limousine, tied him to the trunk and told his chauffeur to drive off as fast as possible and never come back.

The group returned to thunderous applause. I personally shook hands with each one of them and promised to spend my unemployment check at their store every week.

The checker returned to her post and rang up my purchases. As I waited, though, a chill ran down my spine. Evidently, another insurance executive was in the other line. I overheard her say, "But you don't understand. I don't have to pay for the chicken. It has a preexisting condition."

I hurriedly paid, scooted out the door and ran home.



Karyn Buxman, RN, MS

In today's fast paced society, every professional is faced with some degree of stress... and whether the source of stress is at work or at home, the results can be costly. But the good news is— laughter is the best medicine.

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During this period of transition, change, and continued uncertainty in the health care environment, the staff found your advice particularly valuable in helping us appreciate the real essence of our profession, and the importance humor plays in helping us handle stress and enjoy our work.

Nancy Lakier, Associate Administrator
Scripps Memorial Hospital

Your program was everything I'd hoped for and more!

Happy Nurses' Day!

by Charlene Gayle S. Pattillo, RN, BSN, QT

Nurses' Day is twenty-four hours of recognition for the health care professionals who attend to us morning and night, in sickness and in health, from birth to death. Several other groups are also recognized in May. They include secretaries, pets, hospitals, teachers and mothers. These groups share many similarities, and a few differences.

Nurses' Day has, in some areas, evolved into Nurses' Week, as Secretaries' Day has expanded into a week. Nurses, in my practice and probably yours, are becoming more clerical in nature. We're using computer technology to document care, collect data and as a source for information. Who'd have thought nurses would need typing skills? We knew nursing required shorthand to take verbal orders and to be able to decipher doctor's orders. Secretaries have their own filing system, just as we are able to read our own doctor's writing. Nurses help one another understand a doctor's writing. Like secretaries, we prepare and serve coffee, answer multiple phone lines, transfer and make conference calls. We manage volumes of information, take and deliver messages and organize files and charts. We photocopy, send faxes and repair machines. Unfortu-

nately, we don't work Monday through Friday, nine to five with an hour for lunch, with weekends and holidays off. We can't have great hair, glamour-length nails, fashionable shoes or pounds of jewelry. We work twenty-four hours a day, 365 days a year, with zero to thirty minutes for lunch. We wear scrubs (they even sound ugly) and athletic shoes. We wear our hair pulled back and pinned up. Our nails are short, our hands rough, and we can't afford jewelry.

In May we also celebrate Be Kind To Animals Week. How appropriate. One of my coworkers has a button with a basset hound on it that reads, "Some days it's all fetching and no pats on the head." Have you ever had a day like that? We work like dogs. We go home at night with "our dogs a' barking" (a country way to say our feet hurt). Even when we're "sick as a dog" we come in. When we're scolded we come back and lick our master's hand. We can fight like cats and dogs, but generally our bark is worse than our bite. Our sense of smell is keen in detecting ketosis, foul-smelling drainage and BMs which we then point out to our master, the MD. We can fetch coffee, hunt lost dentures

and retrieve lab reports. We growl if anyone disturbs our food, if we get to eat. We guard our territory and protect our patients to the end. Unlike dogs, we do not roll over, play dead, beg or chase our tails.

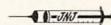
National Hospital Week is celebrated in May. The hospital is changing and so are we. As positions are eliminated, nurses fill the gaps. We draw blood, run lab work, cook and serve meals, deliver reports, consult by phone, assign rooms, obtain supplies, program computers, deliver respiratory therapy, transport patients and then some. We love our coworkers in other departments. We need them, their services and support. But jobs are being cut and demands are increased. Even as our own numbers dwindle, nurses pick up responsibilities. We see that patients' needs are met. Nurses *are* the hospital. Nursing charges are built into room and board just like the other necessities of food, water and electricity. No, hospitals are not the only areas nurses practice. We work in homes, schools, factories and other places, too. Thank goodness for flexibility and opportunity.

Teacher Appreciation Week falls in May also. What similarities we share! Teaching and nursing are nurturing fields. I know nurses who have become teachers and teachers who have become nurses. The nurse's goal is frequently to teach the patient or caregiver self-care, to become self-sufficient and productive, and reenter society. Likewise, we want teachers to help our children develop productive, self-sufficient lives. We now test our patients' knowledge. We administer pre- and post- tests to assess skills and knowledge. We give report cards to our patients, rating their motivation, knowledge level and ability to perform. We also hold a graduation ceremony, a.k.a. discharge, when we wave and cheer as our patients are wheeled out the door on their way home. Teachers change classes, we change assignments and shifts. They have cafeteria duty, we serve and feed. They send students to the principal, we threaten patients with their MDs. We don't

have recess, entertaining programs, pep rallies or sports events. We don't assign detention. And, unfortunately, we don't have the promise of breaks in June, July, August, Christmas or Easter.

Finally, we share our recognition with Mother's Day. All mothers are women, as are most nurses. We just change shifts between the two jobs and barely distinguish between the two. We both try to maintain a clean, pleasant environment, picking up after our charges, changing beds, providing food and fluids, clearing the dishes, bathing, fluffing pillows and adjusting the lights. Our smallest children are afraid to go to the bathroom alone. We are afraid to let our oldest "children" go alone. We dutifully examine their waste and praise them for it. We long for the day when they're potty trained and are at least grateful when they let you know they're soiled. Thank heavens for the diapers with color-changing moisture strips so we know when "baby" needs changing. We have feeders, liquid diets with syringes, bottles (in Peds), purée, but few regular diets. We have picky eaters, snackers and those who choose the same foods day after day. We cut their meat, open their packages, provide bibs, encourage eating and clean up afterwards. We teach self-feeding, encourage healthy choices, and rarely give seconds. We teach patients to walk and talk, how to dress, to cover their mouths when they cough and we nurse their booboo. We encourage sharing—please remember I have other patients. We look forward to our patients becoming independent and leaving the nest. Like fathers, doctors stroll in, give a few orders and slip away to reap the praise and bucks, leaving moms to provide care. Moms and nurses work twenty-four hours a day, weekends and holidays, wiping noses, patting hands and cleaning bottoms. We may receive little recognition but have a deep sense of satisfaction and love.

For all the caps you may wear all year, Happy Nurses Day!



SIDE EFFECTS

BY KEVIN RAYE LARSON



What Type of Nurse Are You?

by Christine Stephens, RN

You're quick to label your nurse-colleagues, so you can tell who to stay away from and who you can depend on in a pinch. But do you know where you might stand in their eyes? Take this quiz to find out.

1. How long have you been a nurse?

- A. 5 years or less.
- B. 5 to 20 years.
- C. 30 to 60 years.

2. What effect do you have on your patients?

- A. Knowing you're on this shift evokes an irresistible urge to press the call light button every five minutes.
- B. Knowing you're on this shift has reduced the call light pressing urge to within normal limits and only with reasonable requests.
- C. Knowing you're on this shift has caused an intense fear of touching the call light button.

3. Your hair style is:

- A. Ponytail.
- B. Short bob.
- C. Beehive.

4. Your eye wear is:

- A. Not needed.
- B. Contacts or fashionable frames.
- C. Horn-rimmed bifocals.

5. Your effect on your co-workers, doctors and supervisors is:

- A. Chuckling indifference.
- B. Mutual respect.
- C. Bladder incontinence, heart palpitations, "fight or flight" response, hives and/or hyperventilation.

6. Your preferred uniform is:

- A. White pants, top with bunny or daisy print.
- B. White pants, plain scrub top, or one with a professional or tastefully humorous print.
- C. Stiff white uniform dress, cap, support hose and orthopedic shoes.

7. You received your nursing training at:

- A. A respectable university.
- B. A respectable university, plus inservices, conferences and continuing ed tests in nursing magazines.
- C. Field training as a battlefield medic in the Korean War.

8. You handle a medical emergency by:

- A. Breaking out in a cold sweat and calling for help.
- B. Working confidently with the rest of the crash team.
- C. Bulldozing the crash team aside while you administer to the patient by yourself.

9. How do you handle demanding families?

- A. Find a good hiding place.
- B. Calmly and competently answer their questions.
- C. Give them your most evil stare and send them scurrying off in fear.

10. How do you handle questions from supervisors and state inspectors?

- A. With a weak and tremulous voice.
- B. With confident and knowledgeable answers.
- C. With a malicious sneer.

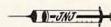
Analysis

Count up the number of A, B and C answers you gave.

If you answered A to most of these questions, build your expertise through study and experience to gain enough nursing knowledge to function as a reasonably competent nurse.

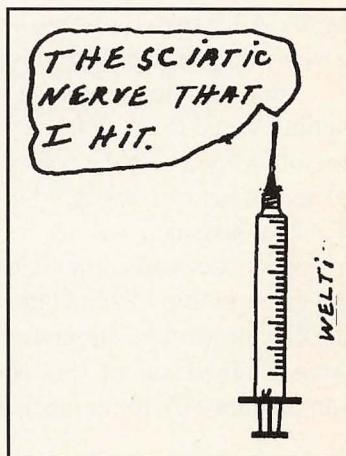
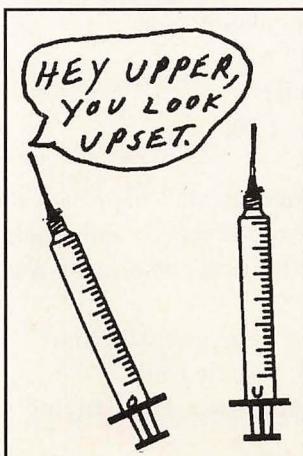
If you answered B to most of these questions, you are a competent and experienced nurse, and a valuable asset to your employer.

If you answered C to most of these questions, you are a certified vintage nurse. Look around and see how nursing has changed.



UPPER & OUTER

by P.E.W.





Stories From The Floor

Jeepers, Creepers

Judy Wolf, RN

On our busy med-surg unit, there was one elderly man who would sit in his room and yell out continuously for no particular reason. His nurse thought she could calm him by bringing him down to the nurses' station. When he started yelling again, she gently told him she didn't want to hear another peep out of him.

After a few quiet moments went by, the patient looked over at the nurse and with a grin on his face said, "Peep!"

A New OSHA Standard

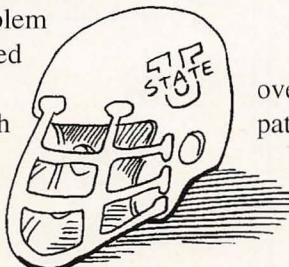
Drew Timmons, RN, CPTPC

Tonia, my coworker, asked me to help reposition a patient. This gentleman had been disoriented and rather wild earlier in the day. As I got ready for the lift, I caught movement out of the corner of my eye. Pulling back, I narrowly escaped the roundhouse swing our patient had tried to deliver against my head.

Much later in the night, Tonia asked for lifting help again. After she assured me he had been fine ever since our earlier lift, I grudgingly consented.

I ducked into the storage room and put on the football helmet stored there. It has a full face guard and is emblazoned with the colors and emblem of the State University. I then joined Tonia at bedside.

As our co-workers motivated us with the cheer used by State U fans during the kickoff, we repositioned our somewhat subdued patient. For some reason he didn't try to hit me again.



Embarrassment 101

June Kuntze, RN

When I was a new employee at my hospital, I took particular notice of my coworkers' name tags and college nursing pins. One day, at the busy nursing station I loudly commented about the pin on my head nurses' uniform I looked at her heart-shaped pin, honoring the American Heart Association and blurted out, "Oh, you have a heart on!"

Not on TV Either

P.J. Ulloa, RN

While working in the ER one very busy afternoon, we were being inundated with non-emergent, non-urgent clinic patients. We all just about had it. While interviewing and assessing a young man complaining of cough for one week, I asked him if he smoked. I meant tobacco.

He hesitated with "... is there really a doctor-patient confidentiality thing?"

When I assured him there was, he confessed his long term daily marijuana use. He concluded by thanking me profusely for listening and affirming the doctor-patient oath by not turning him in.

Smiling, I just couldn't resist. I responded with, "There's only one problem. I'm not a doctor."

Pickle Cell?

Nancy Reyes, LPN

While working in the ER one night, I happened to overhear this conversation between our orderly and a male patient, concerning the patient in the next cubicle who was groaning loudly.

The patient said, "What's the matter with him?"

The orderly softly replied, "Sickle Cell."

The patient replied, "Sick as hell, my ass! He's dying!"

Cheaters Never Prosper

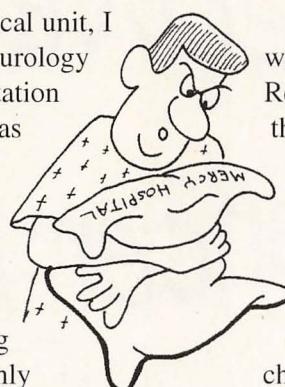
Katie Conroy, RN

As a staff nurse on a busy neurological unit, I would go on morning rounds with the neurology residents. Each person's level of orientation was assessed with questions like what was the day of the week, the month and where are you.

Later on in the day, I was making the bed in one of the patient's rooms. We had a casual conversation as the gentleman watched me work. As I was putting the pillow into the pillow case, he suddenly said, "You can't do it that way! You can't do it that way!"

I was startled and asked him to tell me what I was doing wrong.

He said, "You have to put the pillow case on so I can read the hospital name printed on the end. Every day the doctors come in and ask me where I am and I read it off the pillow case."



Don't Panic!

Kathryn Frasern, RN, C

During a recent fire drill, I was closing doors to patient rooms. An 86 year old patient was talking on the phone when I reached her room. As I started to shut her door, she asked, "What's that ringing noise?"

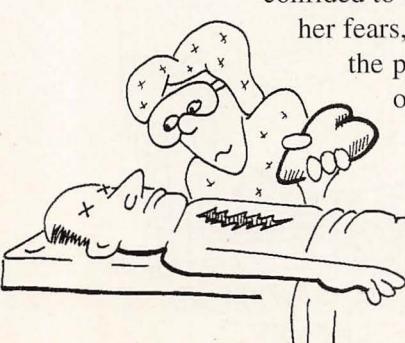
"Don't worry," I said. "We're just having a fire drill."

As I was leaving, I heard her say, "No, everything's just fine, dear. The hospital's on fire but a nice little nurse just came to lock me in my room."

Silence of the Lambs

George Mayerchak

One of the doctors at our hospital was a real cut-up. She would often say the most outlandish things. She confided to us at coffee break that one of her fears, in doing autopsies, was that the person might still be alive, as occurs in horror movies.



"But that doesn't worry me anymore," she said. "To make sure that doesn't happen to me, the first thing I do when starting an autopsy is take out his heart! Then I know he's dead!"

Too Much Ear Wax

John Walker, RN

I had just been pulled to work the ER after years of working only acute psych at a busy county hospital. Recognizing my ignorance, my peers assigned me to the desk with instructions to answer the phones and intercoms. Suddenly, the intercom buzzed, "I need reinforcements in room C, STAT!"

My years of psych experience stood me in good stead for providing reinforcements. I grabbed a hospital security guard, a police officer and two orderlies. I picked up a bag of restraints and we charged into room C. The patient getting a pelvic exam screamed and the doctor almost fell off his stool. The crusty old RN recovered first.

"Well, where are they?" she demanded.

"Where's what?" I stammered.

"The ring forceps."

Not Moving Yet

Sandra K. Wolf, BSN

A patient in our chronic unit was, in the opinion of the nurses, ready to go home. One of his ongoing problems was severe constipation.

The doc listened patiently while we recited the many ways this gentleman had improved during his stay. But to our dismay, the physician would not release him. "Why?" we all chorused.

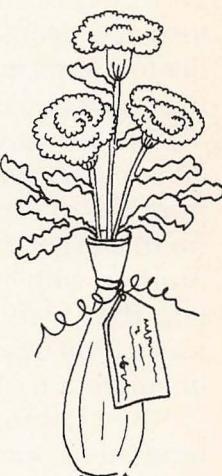
"Because," he replied smiling, "he's still astoolic."

Keats You Are Not

Jo Ann Roufs, RN, C

One year on May Day, one of our family physicians had a bouquet of red carnations and the following poem delivered to our unit:

Vomit and poop
Blood and gore
Mad Doctors all around the floor
Have a nice day
You deserve many more.



Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.



Recovering From Cancer At Home

by Nicole Ferentz

I was about to go on vacation when I got a call from my mother. She was scared because she was blacking out and falling down. She lived in San Francisco and was beginning to feel she couldn't negotiate the hills. I thought maybe it was psychological. My sister just moved from there to Portland; perhaps my mother felt the loss of a crucial support. I urged her to see a doctor, and thus began one of the most harrowing experiences of our lives.

On our next phone call, I learned that her doctor had sent her in an ambulance directly from his office to a hospital for tests. She was unable to get in touch with friends or family. My brother, who lives in San Francisco, came home late that night to find several frightened messages from her on his machine. He rushed to the hospital and sneaked in after visiting hours.

The doctors diagnosed a tumor in the brainstem, metastasized from an unknown location. It was inoperable. They decided to biopsy the tumor to determine treatment, even though they told my mother they couldn't do anything for her, because of the tumor's location.

Gradually, it became clear my mother was going to die. We were never told this directly. We





TYPICAL DOCTOR'S VISIT

4-24-91

had to ask. The prognosis was six months to a year. My mother understood she had cancer, but somehow did not accept it as a death sentence. She mistakenly believed the biopsy was a curative treatment.

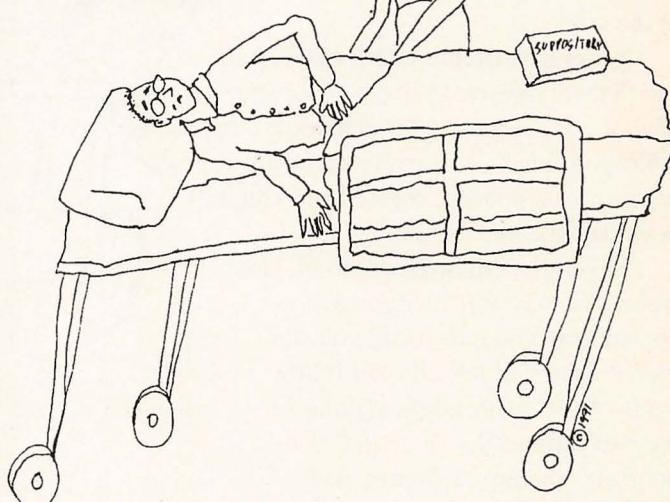
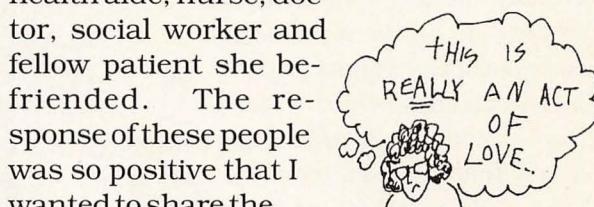
Of course, the biopsy did not cure her. Instead, this needless procedure transformed her into a invalid, with mobility, hearing and eyesight impaired. She would never walk unassisted or read again. She now required 24-hour care.

Our family consisted of my mother, brother, sister and me. My sister and I were out-of-town. I lived in Chicago. My mother did not have health insurance. This was our family's first health crisis. We were not accustomed to facing problems together. We had to care for our helpless mother. Fortunately, the Bay Area and California health care systems are wonderful, and we got a tremendous amount of support from a number of agencies. Nurses and home health aides came to my mother's apartment several times a week, food was delivered and special vans took her to the hospital for radia-

tion treatments.

Our mother's new helplessness assaulted us daily. She had been fiercely proud of her independence. Now she could not cook or clean, much less walk to the bathroom unassisted. But somehow, she would find herself laughing helplessly in the middle of it. Like the time my sister tried to demonstrate how to give my mother a shower (a series of what seemed to be physically impossible steps).

One morning, when I was in town for one of my two-week stints, I woke up inspired with ideas for drawings of my mother's experience. I began scribbling furiously and showed them to her that day. Seeing herself rendered in all her helpless detail made her laugh. I was gratified to bring her some pleasure in the midst of this painful time. I went home and designed a little book of the drawings that I photocopied and bound. At this point, my mother was still in denial about her condition, so I called the book *Recovering from Cancer at Home*. This is how she described her situation. I sent her several copies which she proudly gave to every home health aide, nurse, doctor, social worker and fellow patient she befriended. The response of these people was so positive that I wanted to share the book with others.



Order copies of *Recovering from Cancer at Home* from Nicole Ferentz, 1440 North Dayton, #205, Chicago, IL 60622. \$5.00 + \$1.00 postage and handling.

—J-N—

Troll-Treating

in the ER

by Jane McKay, RN

For those of you who work in the ER, the appearance of drunken trolls is a dreaded sight. It usually begins with the triage nurse announcing that someone passed out in the waiting room. (Trolls hang out there on cold days to watch TV.) Sometimes misguided Samaritans bring them in. However it happens, you, the ER nurse, are left to cope with this indigenous life form. Here are some basic principles to follow when confronted with a troll:

Never stand in front of an open mouth. The exhaled air can take the curl out of a good perm. Worse yet, if the fermented one has eaten in recent history, you may be privy to the digested menu.

Never take off any foot covering. No matter how strong the urge to see what's under green rag-wrappings covered with zip-lock bags—resist. There is not yet an antibiotic developed to treat what you may find. Instead, cover the terminal end of the extremity with red plastic biohazard bags and tape securely at the ankle.

Never give them a comfortable bed. Leave them sprawled half out of the wheelchair or place on the coldest, hardest x-ray table you have. If a troll wakes up in a warm, clean, padded, sheeted bed you will never see the end of him.

Never give them decent food. Their stomachs may not recognize it as consumable and return it to you. Or worse, they will tell all their fellow trolls of the gastronomical delights they experienced. You may find yourself meeting the entire clan.

Never get closer than two arm-lengths, unless wearing a total body trash bag or other protective gear. This is the range of a jumping louse. It can also save you from exposure to scabies and fungal bombs, a universal defense mechanism of trolls.

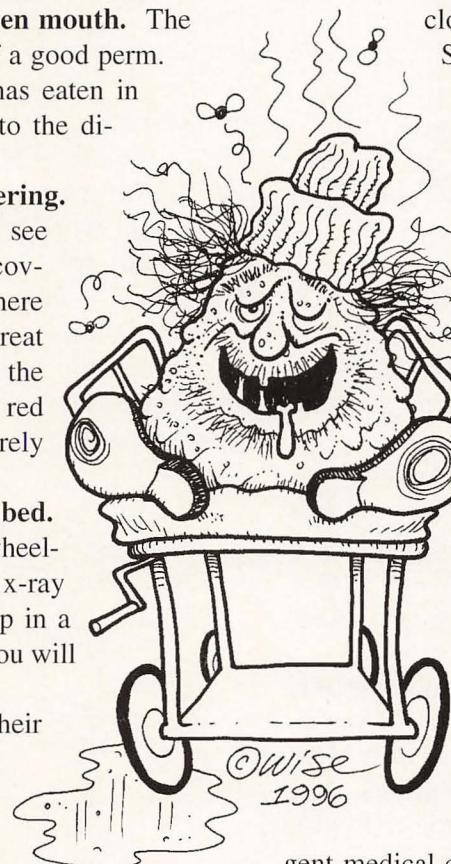
The Troll ER Alcohol Protocol

Upon receipt of an inebriated troll to the ER, initiate the following standing orders:

1. Place on strict contact and respiratory isolation.
2. Insert #18 angio and begin ethanol drip at rate sufficient to maintain a Blood Alcohol Level of 200-350. Increase as necessary to treat tremors or combativeness.
3. A) *If admission is anticipated:* Remove all clothing and place in red plastic biohazard bag. Send to CSR for autoclaving. Kwell entire body.
- B) *If admission is unlikely:* Cover entire body with red plastic biohazard bag, tape securely around neck. Kwell head.
4. Librium 25-50 mg IV bolus dose. Repeat every hour as needed.
5. Start maintenance IVF of 5% dextrose in 1/2 NS. To every 1 liter bag add Banana Mix (1 amp MVI, 1 mg folic acid and 100 mg of thiamine).
6. Keep curtain and/or door to cubicle closed.
7. Activate the industrial strength automatic air freshener dispenser. Maintain for duration of ER stay.
8. Give loading dose of INH.
9. Give 1 gm Rocephin IM.
10. Medical evaluation by ER MD only after all above are completed.

If the patient was found in public, unresponsive, treated in ER and discharged from ER without identification of any urgent medical condition more than three times in last six months, the nurse may forgo the entire protocol and offer the troll \$50.00 cash to leave the premises upon return to consciousness.

Troll-Treating in the ER is an excerpt from the upcoming book The Complete Disorientation Guide.



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HIGHLIGHTS

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Manipulation and deceit keep hospitals in power and nurses disenchanted.

ARE NURSES DESTINED TO BE A DYING BREED?
What the government isn't telling nurses about AIDS is what the hospital isn't protecting them against.

DANGER - HOSPITALS AT WORK

Ongoing features exposing dangers in the clinical setting.
Reporting hospital violations to OSHA and JCAHO

LEGISLATIVE UPDATE

We will keep you updated on the bills and legislation in Washington D.C., and their impact on the nursing profession

FLOATING

Nurses object to being pulled from their areas of expertise to care for patients or units where they have no experience. Some who protest are being listened to; others are being fired. Some legal advice on what to do about it!

WHY DOESN'T A SMART GIRL LIKE YOU GO TO MEDICAL SCHOOL?

"You're just a nurse" is one expression nurses have heard too often. A feminist awareness can brighten this dark picture.

TOWARD A FEMINIST MODEL FOR THE POLITICAL EMPOWERMENT OF NURSES

A look at some old questions about the male dominated system of power and the inequity between nursing administrators and staff nurses.

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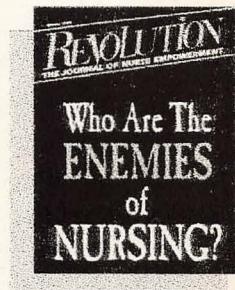
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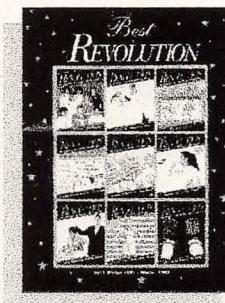
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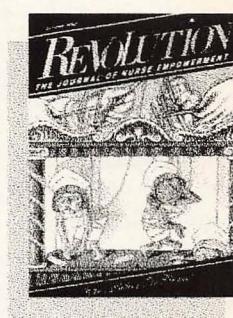
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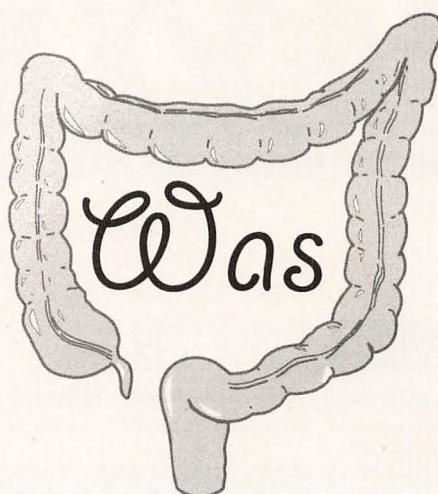
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The Colonoscopy That Never

by Andrea H. Sangrik, RN, BSNA



From time to time, even nurses are forced to seek medical attention. My turn came recently when my physician suggested a colonoscopy, for reasons even someone as outspoken as myself could never mention.

After a two month wait, the fun started immediately. First, there was the clear liquid diet. Leftovers have a way of looking like an expensive seven course meal when you're drinking your fifteenth glass of apple juice. And who named that stuff *Go-Lytely* anyway? You go about as lightly as the Jolly Green Giant tiptoeing through a field of land mines. Even the sound effects match!

After overcoming these hurdles, I presented myself at the hospital two hours early, as I was ordered (not requested). Once I arrived at my destination, I had to sign twelve pieces of paper. I think it must be a cardinal rule that the bigger the hospital is, the more forms the patients have to sign. If they had slipped one in there about signing myself into indentured servitude, I probably would not have noticed.

Then they planted me in their very large and very crowded waiting room. I congratulated myself on bringing along a new thick paperback novel to read. After starting the book and reaching page 327, I decided to ask how much longer I had to wait. It already was two hours past the time of my computer-generated scheduled appointment. Typically, I was told to return to my seat and wait, even though my seat was reappropriated by the time I got there. ("Wait" must be one of the first words taught in that medical English as a Second Language class.)

After I finished my book one hour later, I approached the desk again. This time, I was more assertive and blunt, "Either you take me now or you find me the sequel to *War and Peace*, because I'm out of reading material."

Somewhere during this conversation, I informed the staff I was a registered nurse. The unit secretary gave me a conspiratorial wink and revealed, "They're running four hours behind. The first colonoscopy patient today had 291 polyps removed."

When I marveled aloud about how he ever could have communicated with nature in his condition, the secretary quipped, "I understand that constipation was his first symptom."

I returned to my seat (at least it was still there) and considered putting a down payment on it as a real estate investment. Then they finally called my name and ushered me to my cart. Once I changed into my patient gown, I noticed that my hospital chart was within reach, so I abandoned all thoughts of Leo Tolstoy and began reading this instead.

Unfortunately, my nurse caught me and forcibly took away the chart. "You're not supposed to do that," she scolded primly, as if she was trying to potty-train a two year old child who just left an illicit pile someplace. Then she placed my chart so far out of my reach that if I tried to retrieve it I would have fallen off the cart and sustained a closed head injury.

Three hours later I was still on that cart, waiting my turn. I sat obediently, bored out of my mind. I read all the staff memos on the wall, some dating back to 1952. The potty-training nurse finished her shift and went home. Once she left, I jumped off the cart and dived for my hospital record again. This kept me entertained for another hour, until the evening shift nurse told me it was now time for my procedure.

At last! I finally would get this over with! She wheeled me into the first treatment room and began preparing

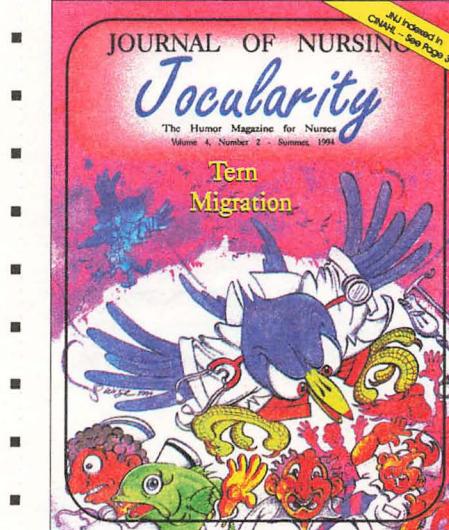
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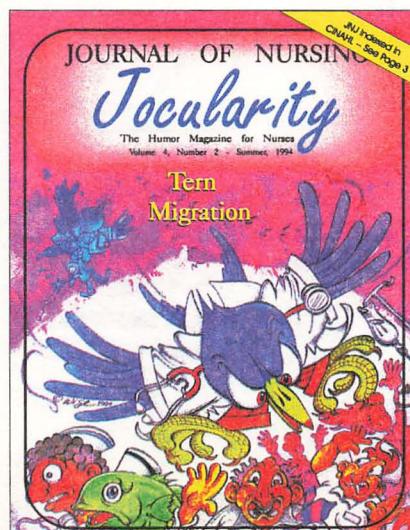
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equipment. Unfortunately, she discovered an essential piece of equipment was missing. I have no idea what it was. So we left there and went into the second treatment room. Everything was fine, until she reached for my hand to start an IV and the power in the room went out. We were sitting in total darkness. We went into a third treatment room.

As she was getting me ready for the procedure, my physician ambled into the room. "Hi, How are you?" I greeted him.

I certainly did not expect the response that I received. He gave me a strange look, and said, "What are you doing here? I thought we were going to wait another month to do this."

"Wait." There was that word again. My mouth stayed shut. My mind rehearsed every four letter word I knew and "wait" wasn't one of them. I decided medical school should require, along with English as a Second Language, a communications course. When I felt composed enough to open my mouth in a civil fashion, I remarked, "Then why did you have me come here today?"

"I didn't," he retorted. "It must have been my stupid secretary."

"Oh. So is your stupid secretary going to pay me a day's wages for the seven and a half hours that I've spent here today? Is she going to reimburse me for the Go-Lytely

I had to buy, and all the toilet paper I went through while I was going lightly? Will she pay for the atrocious parking fee around here, too?"

I was mad, and made sure that everyone in a five mile radius knew it.

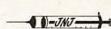
"Well," he stumbled, "since you're here and prepared we'll do the colonoscopy anyway."

But after blowing three IVs, dropping the colonoscope, stabbing himself twice with sterile needles and enduring another power outage, he changed his mind and called it a day. I kept waiting for someone to tell me that this whole incident would be a feature on the next episode of *Funniest Home Videos*.

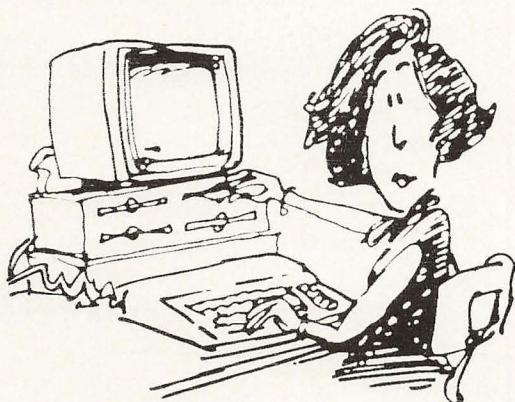
He told me, "Let's try medication for a month, and if that doesn't work, we'll schedule you again for the colonoscopy."

This physician impressed me for two reasons: first, his four letter word vocabulary matched mine, and second and most important, he had the guts to try a conservative approach and not put me through an unnecessary procedure just to make this month's yacht payment. Needless to say, I was pleased.

However, this meant I had to endure that colonoscopy prep again. I think I'll invest my next paycheck in the Go-Lytely company. That seems to be where the money is.



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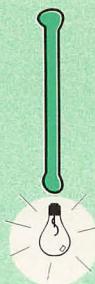
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Call Lites

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Q: How many nurses does it take to change a light bulb?
A: Five. One to change the bulb, one to check policy and procedure, one for documentation, one for quality assurance and one for the Task Force on Hospital Lighting.

Submitted by Sharon Milligan, RN, C

Doctor: "I can't understand why Mr. Brown hasn't paid his bill yet."

Billing Clerk: "He called and said that his recovery was such a miracle, he sent the check to a church instead."

Submitted by Dorothy F. Stauffer, RN

A pediatric resident also dabbled in leather work. A colleague noticed a briefcase she had made to carry her notes in.

"A little small, isn't it?" he asked.

"Not really," she said, "It's made out of foreskins, and when you rub it, it gets big enough to put a whole chart in."

Submitted by Erin Smith, RN, C

Little People



Q: What do you call two orthopedic docs reading EKGs?

A: A double-blind study.

Submitted by Kerri Lynn Hilbert, RN

Q: What do you call a vegetarian with diarrhea?

A: A salad shooter.

Submitted by Eric J. Ramsey, RN

At a rehab hospital, a man with his eyes bandaged after surgery was talking with a woman he met there who was recovering from bladder surgery.

"I wish I could see you. Could you tell me what you're wearing today?"

"Depends."

Submitted by Laura J. Wrisley, RN

O'Shanesey had just won the Irish Sweepstakes and with his new-found wealth decided it was time to have several moles removed from his face. He consulted with the finest plastic surgeon and an appointment was made.

In the holding area, a nurse was conducting the pre-op assessment.

"The surgeon indicates in his notes," she said, "that he plans on using a local anesthetic. Is that your understanding, too?"

"Oh, what the hell," declared O'Shanesey, "Spare no expense. Make it an imported one."

Submitted by March Warn, RN, CNOR

ENTs' work involves holes in the ear, nose and throat. Proctologists, urologists and gynecologists deal with other holes in the body. No wonder they all play golf on their days off.

Submitted by Rochelle Shepherd

Q: What is the difference between a nurse and a waitress?

A: About \$10 an hour.

Submitted by Jo Ann Roufs, RN, C

Q: What do you call a germ wrapped in cotton?

A: A padded cell.

Submitted by Adrian C. Allen

Dentist: "You have acute pyorrhea."

Lady: "Cut the sweet talk and take care of my teeth."

Submitted by Henrietta Singer

I cannot see
I cannot pee
I cannot chew
I cannot screw
My memory shrinks
My hearing stinks
No sense of smell
I look like hell
The golden years have come at last
The golden years can kiss my ass.

Submitted by patient Rudd White, 93 years old

A funeral procession was going up a steep hill in San Francisco, when the casket fell out of the hearse and began sliding down the hill. It forced cars and pedestrians to swerve out of its way as it slid and spun and bumped and jumped down the hill. It was going 90 mph when it reached the curb with a bang and the top flew open, propelling the body through the air and through the window of a doctor's office. It landed in a chair opposite the doctor, who was busy doing paperwork. The doctor looked up.

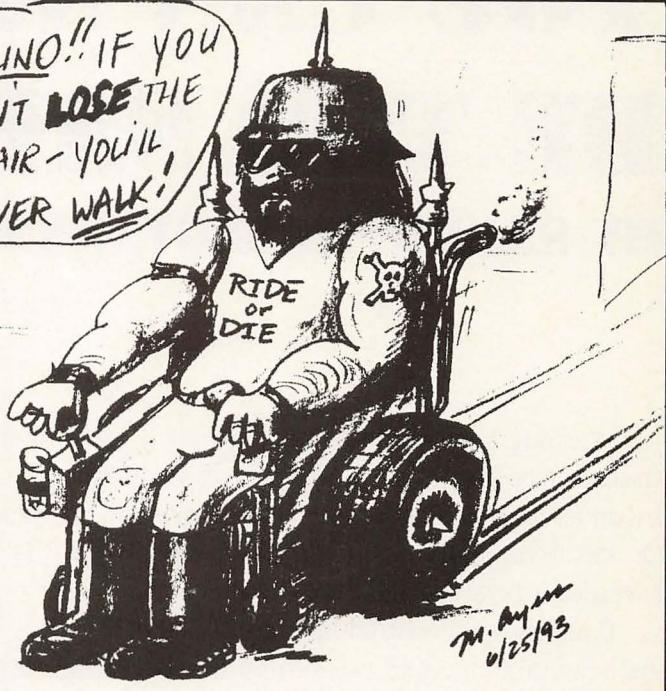
"Can I help you?"

"Can you give me something to stop this coffin?"

Submitted by Tony Hamilton, RN, CEN

BIKERS IN REHAB

BRUNO!! IF YOU
DON'T **LOSE THE**
CHAIR - YOU'LL
NEVER WALK!



Q: What's the difference between a gorilla and an orthopedic surgeon?

A: One is hairy and strong and dumb and the other one lives in the zoo.

Submitted by Robin P. Smith, DO

Psychiatrists don't worry as long as the patients still do.

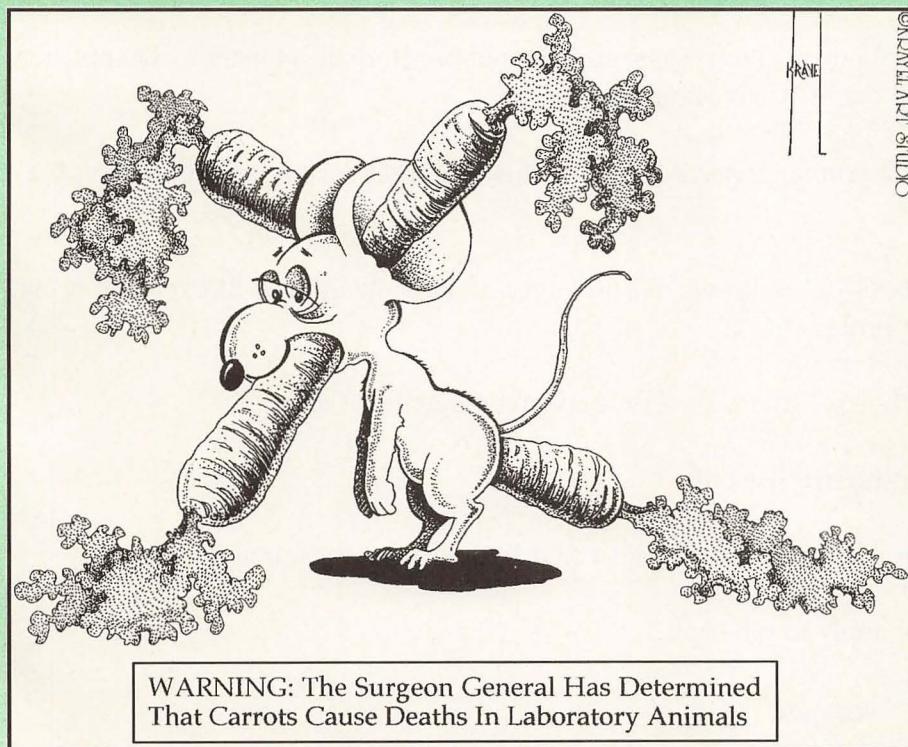
Submitted by Max Baverman

Q: How many pharmacists does it take to change a light bulb?

A: One, but you have to fax the order.

Submitted by Paul Murter, RN

Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.



YOU CAN NEVER BE TOO SAFE

BY SANDIE MOLLOY, MSN, RN

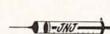


Warning labels have always intrigued me, so I spend a lot of time reading them. Recently, I picked up a six-ounce bottle of "hospital use" adhesive remover and had a chuckle at the warning, "For external use only." I wondered, why this label? Had some medical student tried to feed it to a patient with intestinal adhesions? Or was it vaginally inserted into a woman with PID? With all the crazy things that happen around hospitals, I wouldn't be surprised.

Pondering this particular warning label for a day or two, I thought there are probably many other things in the hospital that could use similar labels. In the name of safety, I decided to beat the lawyers and develop a list of needed warnings. Here are my suggestions:

- On bottles of Milk of Magnesia the warning: "Risk of explosion with use."
- On enema bags: "Not to be used as a flotation device."
- On doors to adult hospital wards: "Language used on this ward may be offensive to some. Parental discretion is advised."
- On the door of doctors' lounges: "Contents under pressure. Do not puncture or incinerate. Do not store at temperatures above 120°. Keep out of reach of children."
- On the front of patients' charts: "Warning biohazard: Use of this chart may lead to eye strain, headache and carpal tunnel syndrome."
- On the front of hospitals' policy books: "Warning: do not ingest in large quantities. If overdose occurs seek treatment from a health care professional."
- On patient scales in weight loss clinics: "Caution: Use may precipitate heart attack."
- On the label of antiemetics: "For internal use only."
- On staff coffee pots: "Biohazard: Frequent use may lead to dehydration and insomnia."
- On blood pressure cuffs: "Do not apply to the neck."

Can you think of others?





WHEN YOU CALL A NURSE FOR ADVICE

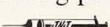
BY KAREN SPENCER, RN, RDN

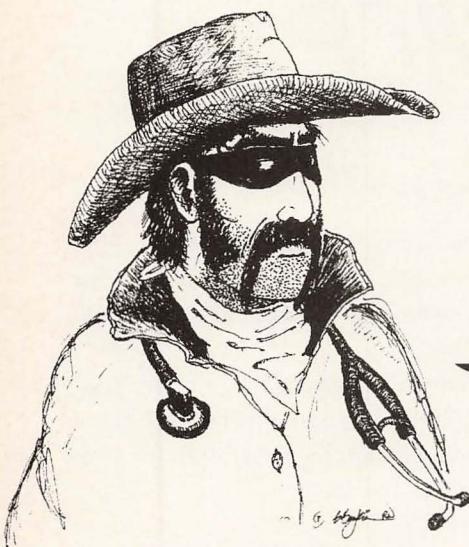


Managed care involves, well, keeping patients from getting medical services. Sorry, that's *unnecessary* medical services. One way to keep patients out of the doctor's office is to talk them out of showing up.

It wouldn't look good for doctors to do this, so the job has been delegated to nurses. Managed care has brought triage out of the emergency department into the community, using telephone lines. To minimize liability and ensure consistency, nurses who answer these advice lines generally have scripts. Unfortunately, the callers don't. That means they have all sorts of questions. Here are some beliefs and practices potential patients bring to the triage line:

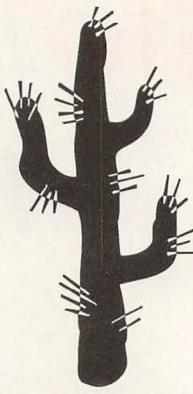
- You are entitled to immediate, unquestioned care, free of charge, and all treatments will be carried out through state-of-the-art fiber optic phone technology.
- It's a good idea to call between 9:30 and 10:30 at night with questions about your birth control method, while your partner breathes down your neck.
- The nurse will always accurately, and legally diagnose your problem, and if you beg, coerce and intimidate enough, the nurse will finally give in and prescribe something for you.
- A rash on a person's body is definitely measles, even if immunizations are up-to-date and there are no known local outbreaks.
- If a rash is on a child, it will then be chickenpox, even if the lesions never itch, raise, blister or scab over. Chickenpox is likely to recur with each subsequent rash.
- If your child has a minuscule injury, don't call, just immediately rush to the nearest ER.
- Call the triage service right away if your child's persistent cough doesn't stop immediately with your first treatment, especially if the coughing keeps you awake. Then tell the nurse, "I'm so worried! My child can't sleep!"
- If you become tired of waiting on hold for the nurse, give the phone to your two-year-old, who will wait patiently for you, and alert you at once when the nurse comes on the line.
- Before placing a call to the local advice line, turn up your radio or TV to its maximum volume. Then, hold a screaming baby over your shoulder in preparation for your conversation with the nurse.
- A newborn, breast-feeding infant who has not stoood for three hours and appears to be straining is obviously constipated.
- A newborn, iron-enriched formula-fed baby who has not stoood for five days and appears to be straining *may* be constipated.
- When discussing treatment of your child's fever, the terms "Tylenol" and "aspirin" can be used interchangeably. The insightful nurse will know just what you mean.
- A pill of adult-strength Tylenol can be safely pared down, crushed and fed to your infant.
- It's not necessary to take the temperature of a child with an obvious fever. Instead, estimate the temperature using the convenient fingertip-to-forehead method.
- A forehead-strip thermometer is a good option because of its ease of use and inconclusive result, allowing you, the parent, to choose how high you want your child's fever to be within a two-degree range.
- If one nurse's answer doesn't meet your satisfaction, call other nurses at the center and compare answers.
- After the advice-nurse recommends emergency care for your symptoms, do nothing at all. Five days later when she calls you back for a follow-up, ask all your original questions again.
- Call the triage service four states away during peak call time, just to chat.





Who Was That Masked Man?

by Michael Roth, BS, RN, CNOR



As I arrived at work in the MICU one Saturday night, I was told that I was being pulled to the SICU that shift. It wasn't my turn to be pulled, but I didn't argue. Our one ICU had recently broken up to the three units of MICU, SICU and CCU. All staff members of each unit were cross trained to work on the others. I felt this would be an easy pull and I would skip a turn going to the floors, so I didn't think much about it as I walked down the hall to the SICU.

I opened the door and instead of the usual bustle of a busy unit, all was quiet. Even on the night shift the ICUs are generally well lit, but the SICU was dim. I quickly entered to see what was going on. As soon as the evening nurses, Sue and Cindy, saw me they let out an audible sigh of relief. While most people are eager to go home, this struck me as strange. I asked what was going on, and they laughed. They explained why I was pulled.

Their one and only patient had been shot in the head during a feud between two families. The gunman was still at large and was planning on finishing the job. The patient's family was a little perturbed and they were out hunting for the gunman. Thus, there were two families

running around with guns settling scores over one guy. My patient.

Since this hospital was the only trauma center in town, that pretty much narrowed their search to us. I was pulled because I was the only male nurse in the ICUs this shift. Being a new grad, I didn't think of getting suddenly ill.

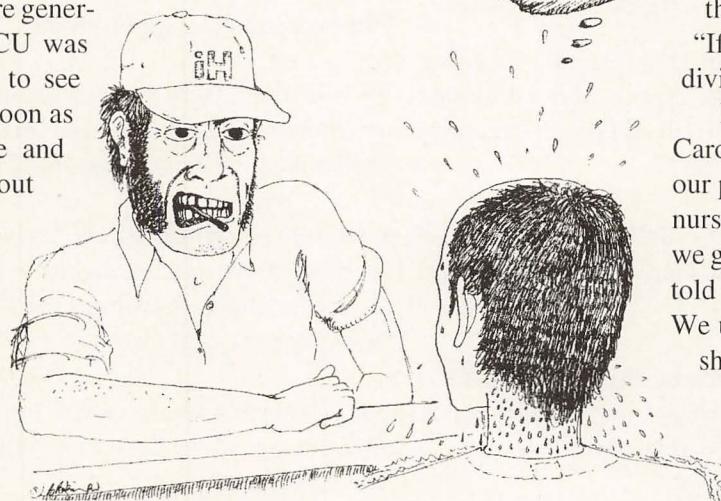
Having judiciously avoided all aspects of military service, including registering for the draft, I bravely and calmly said to Carol, the other nurse with me that shift, "If anyone comes to get him, I'm diving behind this counter."

Everything went smoothly, with Carol and I taking turns caring for our patient. Then, at 4:00 a.m., the nursing supervisor arrived. After we got up from behind the desk, she told us she was just making rounds. We updated her on our patient. As

she was leaving, she said there was no truth to the rumor that a couple of men had been seen in the hospital with shotguns.

There was nothing to worry about, and besides, security

was making frequent rounds here in the SICU. As she left, Carol and I looked at each other and simultaneously said, "Great, I feel safe now." Carol felt that if security was making frequent rounds we should have seen someone by



now. I, having thought they were all graduates from the Barney Fife School of Security, said that I hoped they had their bullet with them tonight.

The night slowly dragged on as Carol and I watched the clock's hands inch forward. Suddenly, at 6:00 a.m., the door opened and in strolled a man in blue jeans and a flannel shirt, about six-foot-two, weighing two hundred plus. He walked purposefully toward our patient. Carol and I looked at each other. She grabbed the phone and called security. She gestured for me to confront that man. I bravely volunteered to hold the phone while she went forth, but she shoved me toward the patient's room.

I arrived at the door, allowing myself plenty of room to escape, and in a deep voice squeaked out, "Can I help you?"

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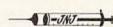


**Dr. J.
for impersonating
a gunman**

He turned and fixed me with a glare and asked about vital signs, ICP readings, swan readings, and cardiac output. Quick as ever, I responded, "What? Who are you?"

He said, "I'm Dr. J., the new neurosurgeon. I was out and about and decided to check on my patient." He then held out his hand and said, "Nice to meet you." Thirty minutes later, as he was leaving, our crack security team arrived with their hands on their guns. They were finally responding to Carol's STAT call. When Carol and I finished laughing, we cleared Dr. J. with security, and they left. We explained to Dr. J. what happened. He laughed and said that he had better make himself more well known.

I was then off for two days. When I came to work I found this attached to our bulletin board.



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Edited by: James E. Myers

Liven Up! At Work

Fun For Folks

When Liven Up originated, its intent was to share with everyone funny or creative things going on at work. While most Liven Up ideas are inspired by work, some share how people maintain their humor when working in less than optimal situations.

Humor for the Health of It

I recently started working for a home health agency in Virginia. When I interviewed for the position as Case Manager, I stressed I felt that humor was very important for everyone. I told them I believed that my sense of humor and my value of humor as a wellness tool was one of my positive personality traits. Shortly after I began at the company, I requested a wall and a bulletin board, and told my boss I would supply material for a humor board. She agreed.

Our *Humor for the Health of It* board has been a big success! I try to change the material every week. Many coworkers supply comics, humorous articles and advice on how humor can help alleviate stress, and I always post a sign thanking them for their contributions. Sometimes we just post signs that say things like:

YOU ARE HERE

X

AND THIS IS THE HIGHLIGHT OF YOUR DAY!

I have also been making signs for each office employee, with funny pictures on them along with their first name and job title. For example, for the Director of Home Health, I picked a graphic with a

woman holding a candle that is burning at both ends.

I cannot tell you how much I enjoy working in this environment where the importance of humor is recognized and supported. Thanks.

Kerri Lynn Hilbert
Richmond, VA

Happy Birthday to You

Hallmark Cards aren't the only folks who personalize their messages. The following is a birthday message composed for a dear cousin, who is a gastroenterologist.

Gee, I (G.I.) really hepatic you liver it up for your birthday! Anus a shame we can't get together? It really galls me that you liver so far away—it sphincters! I just can't stomach it!

Anyway, I hope you have lots of fundus and get to do many variceal things, and that the weather won't rectum your birthday intestines. We'll stool be thinking of you! Have fundus to the endoscopy!

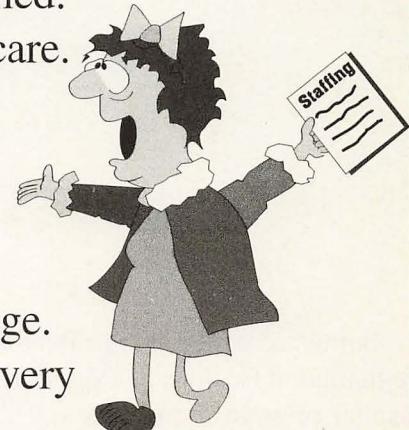
Robin P. Smith, DO
Cherry Hill, NJ

Please keep sharing your work humor with all of us. Remember, laughter isn't laughter unless it's shared with someone. *Liven Up!* is a regular feature in the *JNJ*. Send your story (50 to 200 words) about how you are using humor in your workplace to: *Liven Up!* Colleen Gullickson, RN, PhD, Rt. 1 Box 167A, Ridgeway, WI 53582. If we use your story you will get 2 copies of the *JNJ* with your contribution, and an exclusive *JNJ* T-shirt.

Top Ten Reasons Administration Gives For Short-Staffing

by Frances Kiefer, RN, MSN

10. Blame can be placed on healthcare reform.
9. Is a "right-sizing" adjustment for the "overqualified."
8. More opportunities for the caring profession to care.
7. More cost-efficient than flogging.
6. Fewer shifts to cover if a nurse is sick.
5. CEO loves to hear employees bitch and moan.
4. Keeps the nurses on their toes.
3. Can convert nurse lounge to management lounge.
2. "A happy nurse is a busy nurse"—make them very happy.
1. We have a pediatric ward.



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*I pulled this statistic out of a really nice hat

Prepping for JCAHO

by Steven J. Schueon, BSN, RNC



Being accredited by the Joint Commission for Accreditation of Healthcare Organizations is important for hospital prestige as well as financial reimbursement. Knowing ‘the Joint’ is coming is like a stress test without the treadmill. It creates headaches, tachycardias, GI spasms, panic and fear. Over the last twenty years I have worn both clinical and administrative nursing hats, and have come to several conclusions about JCAHO preparations:

- **Prepare for a disaster!**

Administrators have staff practice evacuation in preparation for a dire event. Yet, nurses deal with disaster every day. Coping with critically ill patients, difficult families, inadequately trained support staff, sick calls, being pulled to foreign units and overextended physicians prepares nurses for any disaster.

- **Recognize the importance of the “floor!”**

The floor is a hard surface to walk on. Nursing was never meant to be walked upon. It’s demeaning to refer to medical-surgical specialists and other clinicians as *floor staff*. Surely there’s a better name.

- **Mismanaged care is killing us!**

The pendulum has now shifted direction. Administrators, physicians and staff complain how limited reimbursement impedes the delivery and quality of care. During the 1970’s and 80’s, their financial greed contributed to the over-ordering of tests and extended hospitalizations. There must be a problem with long-term memory.

- **Formation of a committee to assess our committees!**

Hospital committees serve a very important role in the delivery of care when they address issues of clinical relevance. “Minutes” can literally take hours to write to meet JCAHO expectations. Paradoxically, sometimes JCAHO will not look at your minutes.

- **State of the art policies and procedures!**

Some clinicians ignore policies and procedures, figuring they know enough and can wing it. Some hospitals support this by putting last minute emphasis on revising P&Ps that haven’t been looked at since the last Joint visit. I wonder if this actually puts that state of the art spin on their hospital practice.

- **Fire!**

We put emphasis on fire safety, a horrific event in any hospital. Yet, in this age of downsizing and restructuring, the word *fire* first implies losing your job.

- **Excellent staffing!**

Suddenly, when the Joint visits, your unit is adequately staffed. You unhurriedly deliver quality patient care, you finish your paperwork and you get out on time. This creates an atmosphere of *can do* and builds teamwork, which is impressive to JCAHO. Unfortunately, after inspection, staffing dwindles.

- **Food in all the wrong places!**

For both infection control and esthetic reasons, administration, pharmacy and infection control ask that food not be stored amongst the specimens and medications.

Perhaps it would be interesting to condone this practice of storing food, medications and specimens together and allow for the emergence of a new super bacterium that is resistant to everything. This surely would impress the JCAHO.

• Clear the halls!

Wheelchairs, stretchers, carts, supplies, trash and boxes clutter the hallways. They impede travel and are hazardous in an emergency. Due to the impending inspection, the halls are cleared of all extraneous obstructions. Yet, leaving some obstacles may keep the surveyors from probing certain problematic clinical areas.

• I order you!

There is a sudden push on for nurses not to take verbal orders unless there is an emergency. This is for both safety and legal reasons. Also, once verbal orders are obtained, physicians are usually delinquent in signing them off. On the other hand, verbal orders will continue

until there is a physician at the bedside twenty-four hours a day.

• We are ethical!

Despite all our codes of conduct and ethical statements, there are times when medical care does things that result in harm to the patient.

• Accrediting the creditor!

Your hospital pays JCAHO, a private organization, to evaluate your delivery and quality of care. Yet, nobody monitors the quality or reliability of the survey team. Would a second survey team come to identical conclusions as the first team?

In one sense, preparing for a survey is a positive growing and learning experience. It promotes professional growth, but at an emotional and physical price. Good luck on your next JCAHO visit!



Working Yourself To Death? Exhausted from the chaos of health care reform?

How can you provide expert care when you look and feel worse than your patients?

During these challenging times of mergers and ongoing restructuring, health care professionals who learn to work and play together become more efficient, productive and effective teams. Everyone benefits — patients, staff and the bottom line.

Remember when ...

- You looked forward to your job each day
- You truly enjoyed working together as a team
- You eagerly helped and supported one another
- You thrived on the sense of really making a difference in the lives of those you care for.

Renew your spirit and learn the secrets ...

- to increase team productivity and cooperation through the power of humor and laughter
- to protect your staff from the harmful effects of stress with the antidote of laughter
- to develop humor interventions for improving patient satisfaction and employee morale.
- to rediscover moments of fun and laughter even on the busiest, most hectic days



Patty Wooten, RN

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Just listen to what experts are saying!

"When Daily Weights are ordered for the severely debilitated patient, my job is often done before I get there!" *J.K., MD, noted euthanasia advocate*

"I always order Daily Weights, because I know how much nurses enjoy seeing their patients' bare buttocks time and again. For me, the extra revenue is simply icing on the cake." *J.E., MD, former US Surgeon General*

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The Charting Hour

by Ralph Holloway, RN

A Parody of Longfellow's *The Children's Hour*

Between the dark and the daylight,
When the shift is almost over,
Comes a pause in the nursing profession,
That is known as the charting hour.
What time did I start that IV line?
What time did he go to the OR?
What time did she take her last pain med?
Is her IV now going slower?
Did his bowels function this morning?
The reply, "Oh, Yeah, I took a %@#!"
If the K is one-tenth above normal,
Did I tell the doctor of it?
Have I documented sufficiently?
Did I really cover my butt?
If JCAHO gets a hold of this chart . . .
Oh, no, I hear someone throwing up!
Another day I won't get out on time,
Can't remember the last time I did.
I hear there's an office job posted,
I think I'll go put in a bid.





Warm Spring Specimen

It was a warm spring day when my student called with a question on her assigned patient. The physician had ordered a stool for Ova and Parasites and she wanted to know how to collect this specimen. I told her to obtain the specimen on a tongue blade and take it immediately to the lab.

Shortly after, I was at the elevator when the door opened and there was my student in the middle of a crowded elevator. She looked so prim and proper in her crisp student nurse uniform wearing her nursing cap. Then I noted the uncomfortable faces of everyone in the elevator. The student was holding a tongue blade with a large lump of stool precariously balanced on it.

In Lesson Two I taught the need for proper containers, the labeling of lab specimens and the importance of

Student Nurse Cut-Ups!

the feedback loop in communication.

Jan Edelstein, RN, CS

Rinse Cycle

A young female student was assigned a male patient for her very first bath. The instructor reminded her that the patient was well enough to "finish his own bath."

After a two-hour struggle, the student finally finished her share of the task. She asked the patient to finish his bath, gathered the water and was cloth, and thankfully left the room. The patient promptly got up and took a shower.

Rose Marie Norris, RN, MSN, CS

I Tripped on the Bad IV Pole

During my pediatric rotation, I tripped and accidentally sprained my ankle. My classmates promptly wheeled me down the playfully decorated halls of the pediatric hospital into the emergency room. The resident, used to treating wee pediatric patients, didn't miss a beat when he found me perched on top of an exam table designed to resemble a space ship.

"Oooh!" he crooned, examining my swollen, discolored ankle, "Did you fall down and go boom?"

Marsha S. Clodfelter

She's Been Flunking Shots

My friend and I were LPNs for many years before entering RN school. One day in clinical, a patient asked my friend, who was about to administer an IM injection, "Is this the first time you have given a shot?"

"Oh, heavens, no," my friend replied, "I've been doing this for thirteen years."

The patient looked puzzled. "Have you been a nursing student that long?"

Debra Blett-Shaffer, RN

No Cheating!

In freshman Anatomy and Physiology class, students were directed to fill in their names on computer scanner forms. The professor provided an example, using the name Smith. In all seriousness, a student raised a hand and asked, "What do you do if your name isn't Smith?"

Jacqueline S. Dowling, MS, RN

Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories (50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, EdD, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

THE BAD SHIFT

By CAROL CRAMER RN, BSN, CEN

My patient should have been seizing or comatose from her tricyclic overdose. Instead, she was abusive and combative. Even in four point restraints she was out of control.

All the large rooms in the Emergency Department were in use. The patient, the respiratory therapist, the aide and I were trapped together in a tiny treatment room. The patient's screeches were deafening as they vibrated off the walls.

The woman's radial veins were huge. I slipped an 18-gauge IV catheter into her wrist. I removed the needle and was holding pressure on the end of the catheter when I noticed the vein was pulsating. My alarm grew. I felt like the cartoon character who realizes the island he is standing on is really a dinosaur. My direct pressure didn't hold and blood began spurting with the force of a fire hose. The respiratory therapist and aide in the room simultaneously screamed, "ARTERY!" The blood projected with such force it would have hit the opposite wall. Fortunately for housekeeping, I was standing in front of it.

I hastily removed my first art line. The respiratory therapist looked at me in disgust. "The least you could have done is get a blood gas."

"Sorry," I said.

When I established an IV, I moved on to other concerns, like emptying her stomach and her leaking colostomy bag. The aide left to search for colostomy supplies.

I inserted an oral gastric lavage tube through the patient's mouth and into her stomach. As I prepared to lavage her gastric contents, she vomited with such force it would have hit the ceiling. Fortunately for housekeeping, I was leaning over her.

I irrigated her stomach with water and suctioned the few remaining contents. I pumped 3000 cc of water into her stomach and then suctioned it out into a bag hanging on the side of the bed. 1500 cc of water had come and gone

before I realized my feet were wet.

I looked down and discovered I had not clamped the bag. Everything that had cycled through the patient's stomach was now running over my shoes onto the floor, under the doorway and into the hall. A fellow nurse opened the door, surveyed the scene and threw a few bath blankets on the floor. I wiped it up for housekeeping.

The lavage complete, I followed (against my better judgement) the doctor's orders. I filled her empty stomach with 240 cc of charcoal and sorbitol. The sorbitol makes charcoal run through the gut faster than greasy Mexican food.

I left my patient briefly, to encourage the doctor to arrange for a quick admit to the ICU. I begged, pleaded and finally threatened, but it fell on deaf ears. I resorted to praying that I would not have to see that charcoal a second time. The doctor dawdled. He waited for one last lab result. He waited for an internal medicine consult. The aide, now lost in the vast bowels of central supply, had not yet returned with a colostomy bag. The house supervisor was dispatched to the med-surg floor to pilfer from their supplies.

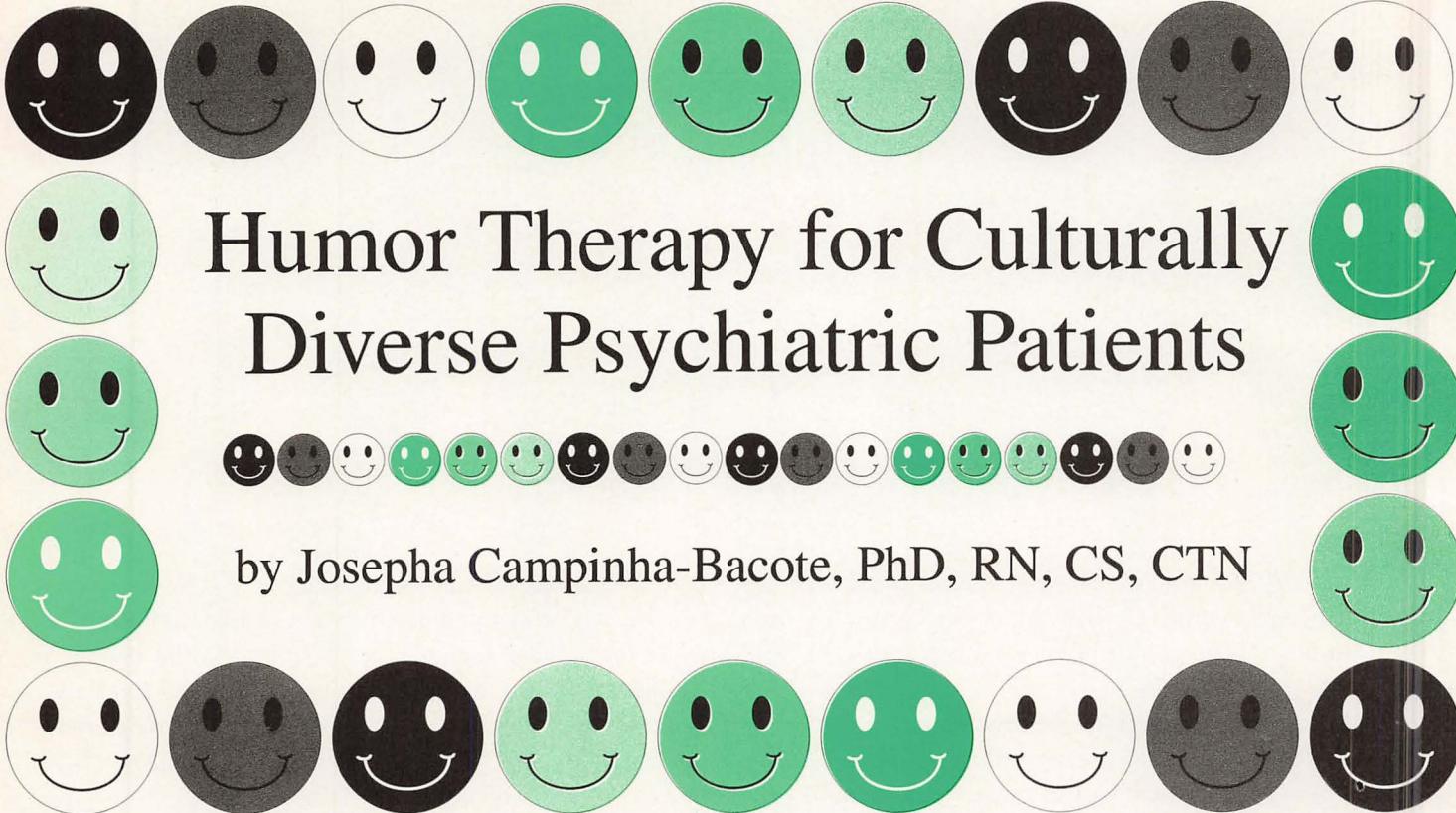
Alas, the four point restraints were no match for my patient. She sat up in bed, and before help could arrive, charcoal spewed forth from her colostomy like steam from Old Faithful. It would have hit the door, but fortunately for housekeeping, I was standing in front of it.

The door to the room opened, knocking me on top of the patient. Someone threw a colostomy bag on me and yelled, "she can go to the unit now."

"Thanks," I said.

I finished my documentation, delivered the patient to the ICU, and was returning the stretcher when I heard the housekeepers complaining about the mess in that room. Shaking my head, I left the stretcher in the hall and ran for the shower.





Humor Therapy for Culturally Diverse Psychiatric Patients



by Joseph Campinha-Bacote, PhD, RN, CS, CTN

The minority population is growing in the United States today. How can nurses provide culturally relevant services for these diverse patients? With humor.

Humor has often been described as a universal language. Humor is a basic human need of every individual and exists in every society. Although humor and the physiological responses to it are universal, humor serves different functions in each culture. The greatest differences are in the content of humor and in the situations in which humor is used and considered appropriate.

In every culture there is an unwritten agreement not to express aloud certain unpleasant or embarrassing truths. Hughes (1966) said, "humor is what you wish in your secret heart were not funny, but it is, and you must laugh. Humor is your own unconscious therapy" (page vii). Many cul-

tures use humor as a tool to express their conflicts of hostility, as well as their aspirations.

Robinson (1977) stated that some African American comedians use wit

Many cultures use humor as a tool to express their conflicts of hostility, as well as their aspirations.

and humor as a force in easing racial tension (page 106). This type of humor transcends the seriousness of the individual's or group's past experience. However, the role and type of humor that is expressed within an eth-

nic group is inappropriate when duplicated by individuals outside that specific ethnic group. It is then called ethnic humor.

Ethnic humor is ethnic put-down based on racial, religious, national, regional, local, social and sexual issues. This type of humor involves stereotypical thinking, bias, prejudice and condescending remarks. This type of humor is not therapeutic, for therapeutic humor does not use ridicule.

Humor can be used to create a cohesive force between individuals. However, when people are from different cultural backgrounds, humor must be well thought out. Therefore, you need to conduct a humor assessment before using humor as a therapeutic tool with patients from diverse ethnic backgrounds.





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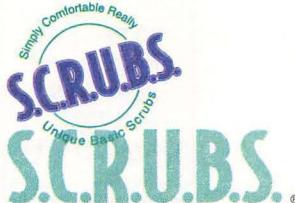
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Humor Groups for African American Psychiatric Patients

The first step in initiating a humor group is to do a humor assessment. Since there are different jokes for different folks, you need to identify the role humor serves in each ethnic group you work with. There are several humor assessment tools. I have developed an opened-ended assessment tool called, "How's Your Laugh Life?" (Campinha-Bacote, 1995). It consists of eight questions:

- Tell me what you consider is a good sense of humor.
- Tell me the last thing you laughed about.
- What type of humor do you enjoy? (films, cartoons, jokes, games)
- What type of humor offends you?
- Are there times when you shouldn't use humor? Tell me about those situations.
- How do you use humor in your life?
- What does the phrase "laughter is the best medicine" mean to you?
- Are you aware of the effects of humor and laughter in maintaining a healthy lifestyle?

Once the humor assessment is completed, the nurse can use this information to structure a culturally-specific humor group. I am an African American nurse, but do not assume I know everything about my culture. I designed weekly humor groups by conducting a humor assessment on seven African American psychiatric patients.



The Humor Walk

One technique used in the humor group was the humor walk. With this technique, the patients took note pads and walked about a specific area to notice things that made them happy, smile or laugh. In this case, the patients toured several outpatient clinics with me, the group leader, and wrote down thoughts or things they saw which made them smile. Our goal was

Humor has often been described as a universal language. Humor is a basic human need of every individual and exists in every society.

to find the positive in an apparently depressing hospital environment.

The seven African American patients had a dual-diagnosis of substance abuse and mental illness (predominantly schizophrenia and cocaine abuse). They went to one clinic and looked for positive or pleasant things to write about. A European-American nurse immediately confronted them and asked, "What are you people doing here?" I immediately came from behind the patients and replied, "My name is Dr. Josepha Campinha-Bacote and we're on a humor walk!" The nurse replied, "That's not funny!"

We quickly left, and returned to our own clinic. We all laughed, and the patients commented on the nurse's response:

"Dr. Josie, they thought we were crazy and we are!"

"They were afraid of us all being

Black!"

"Dr. Josie, I bet they didn't even think you were a professional."

It was obvious that our laughter was in response to the stigma of being mentally ill, as well as being a minority in a European-American, private clinic. After this laughter we were able to talk seriously about our feelings of rejection. This humor group session served as an outlet to vent feelings regarding prejudices.

Another technique we used was audiovisuals. Bill Cosby videos helped us discuss specific issues in the group. Bill Cosby was selected because the humor assessment identified that some members did not like humor that was offensive. Bill Cosby does not use foul language and exemplifies everyday life. Since Bill Cosby is an African American, the group's members were able to relate to him.



Funny Songs

Singing funny songs was still another tool used in this culturally-specific humor group. Ellis (1987) said that emotional problems are based on man's irrational thinking. I modified Ellis' rational humorous song technique, using the Africentric world views of music and spirituality. We sang the songs in a blues style. Goines (1973) stated that the blues can be used as a simple and inexpensive form of psychotherapy for African Americans. Blues music was combined with humorous lyrics that also reflected spiritually. In one example, the members sang the following lyrics to the tune of On Top of Old Smoky:

**If God can love turkeys,
then God can love you,
for you are a turkey,
and I am one, too.
So when you get lonely,**

**remember it's true,
If God can love turkeys,
then God can love you.**

Group members pointed to one another as they sang the phrase, "for you are a turkey . . ." We laughed as we reflected on this song. The group was then able to discuss the role that God and religion had played in their lives, and how it was the backbone of the African-American family.

These techniques therapeutically applied humor that was sensitive to the needs of the group members. We gave culturally-relevant nursing care by incorporating the group's world view.

To conduct an effective therapeutic humor group, first use a humor assessment tool to discover the role of humor in that culture. If you share the same ethnic or cultural identity as the group members, as I did, it is safe to discuss topics that deal more directly with that culture's frustrations and anger. However, whatever your ethnic background, the goal is to incorporate the culture's world view of humor into the group.

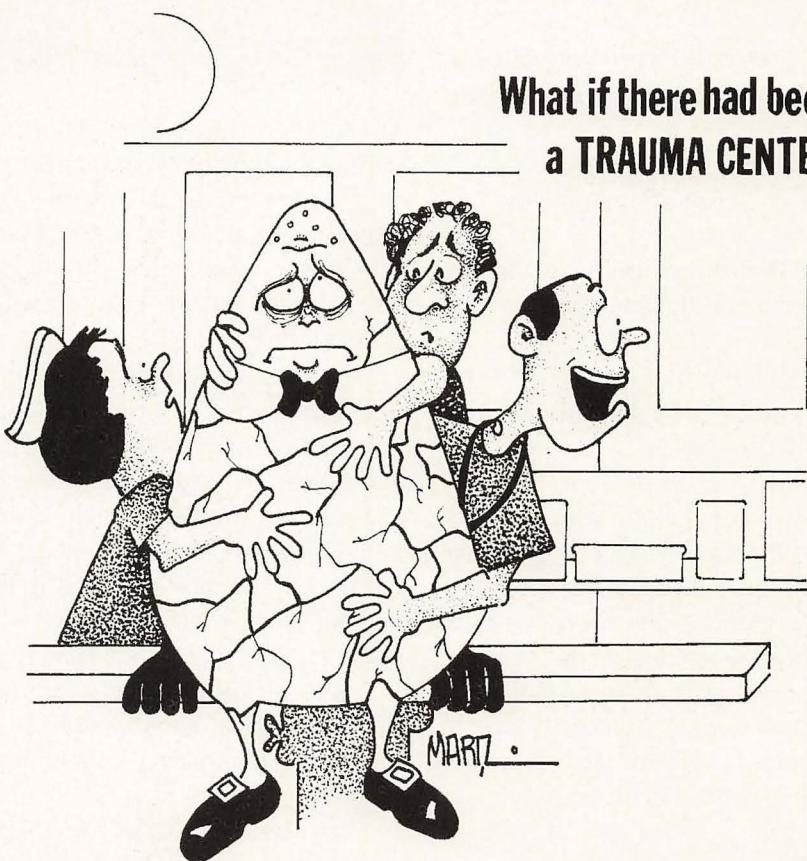


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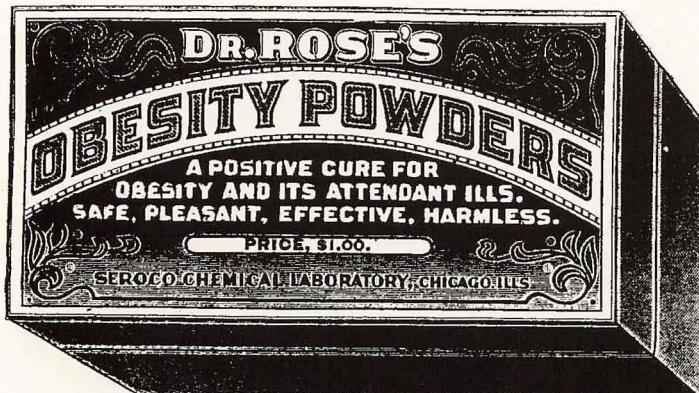
"Locally the hospitals are starting to do cross training, to consolidate the staff, but this seems more like cross training gone bad!" says Carol Weatherbee of Beverly Hills, Florida who sent us this want ad from the Citrus County Chronicle. I wonder if they are going to be doing lobotomies on the nurses so they won't complain about the increase in patient load?

Must Provide Your Own Plunger

Clair Reid, RN of Redlands, CA sent us this want ad from the San Bernadino Sun. She commented "Are they teaching this now school?" No, she didn't apply for the job.

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★ ★ RN ★ ★
Multi-Talented Nursing Wizzard, needed for multi-task job. Experienced in staff development MDS completion computer and toilet repair a plus.
If this is you, apply at:
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RN's & LVN's All shifts F/T

The More Things Change . . .



CQI Deficits is a new feature in the Journal of Nursing Jocularity. If you find anything in the want ads, nursing journals or nursing literature that tickles your funny bone, send it to us at: CQI, P.O. Box 40416, Mesa, AZ 85274. If we use your submission, you'll get a \$25 gift certificate for the Jocularity Catalog.

Time For Your Breathing Treatment

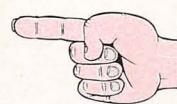


According to the book *Surgical Nursing*, published by F.A. Davis Company in 1940, this device is called Wolff's bottles. It says "By blowing through rubber tubing, fluid is slowly forced from one bottle to the other. Corks with their tubes are then changed to opposite bottles and pulmonary exercise repeated." So, did the nurse have to change the corks or was the patient expected to do that himself?

Dr. Rose's Obesity Powders were offered in the 1904 Sears, Roebuck & Co. catalog. According to

the ad it was guaranteed to "reduce your weight by 15 to 40 pounds and eliminate the superfluous flesh."

Aren't you glad we don't have to put up with such fraudulent claims about weight loss products in the 1990s?



Nurse's Notes

Sounds of Suction

(to the tune of Simon and Garfunkle's Sounds of Silence)
Claire E. Rombalski-Talmadge, RN

You're in the ICU, my friend;
We've come to suction you again.
Feel your sputum softly slipping
Down your trachea and your chin dripping.

And a vision of the mucus plug we fear
Draws us near, amidst the sounds of suction.

In restless dreams you toss and turn,
While the fevers in you burn.
Your SVR is down to 300.
Frankly we all know you're mostly dead.

Streptococcus has a grip upon your chest;
Cough your best, here comes the sound of suction.

And on your naked buns I saw
Ten thousand papules, maybe more.
And the vest flashed out its warning:
High peak pressures were forming.

Even Lasix cannot help your kidneys now,
So we bow before the sounds of suction.

Fool, said I, you did not know,
Smoking into cancer grows.
Sixty pack/years didn't help you much.
Camels make a rather deadly crutch.

Not to mention, both your feet are turning blue.
Joke's on you: here comes the sound of suction.

The Nurse's Rap

(sung to a rap tune)
Jane C. Kinyon, MSN, RN

We are the best
We tower above the rest,
So don't you mess
With the nurses who are blessed.

We take care of dudes
who sometimes are rude,
but we're never crude
We are so good.

But nurses, beware
It's time we took care
Of ourselves, you see
Or Bananas we'll be.

So have some fun
Bare your buns in the sun,
Take a stroll, chill out,
Drive a different route.

We nurses are rad
And we be bad,
We're the sugar plums,
We're awesome, awesome!

Weak and Dizzy

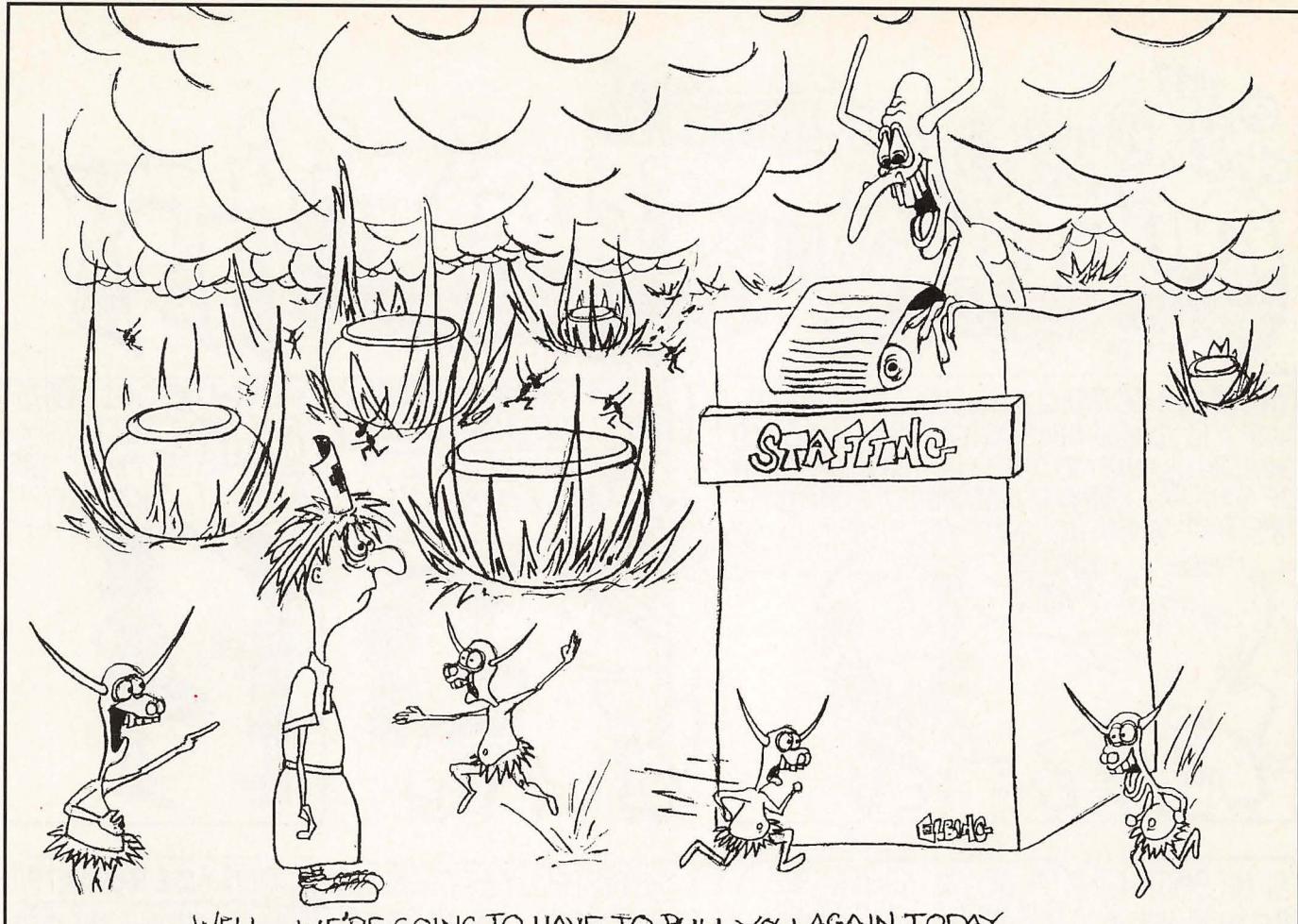
(to the tune of "I Feel Pretty")
Julie Diane, RN, BA, CCRN

I feel dizzy,
Weak and Dizzy.
I may even have asystole!
I'm so "brady"...
Atropine is the drug for me.

I feel "tachy"...
I feel "fibby"
My angina is crushing my chest!
I need lido
To give my fast heart a rest.

What's that beat on the rhythm strip?
Which heart block can it be?
Is it Wenchebock? Mobitz 2? I'm talking to you...
Or God forbid-third degree?!?

I need Lasix.
I need nitro.
I need morphine and dig. and O-2!
I'm in Failure -
Try some dopa and Dobutrex too!



WELL, WE'RE GOING TO HAVE TO PULL YOU AGAIN TODAY

You'll Bust a Gut

Then...

We'll Have You in Stitches!!



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CULTURE AND STANGLITY

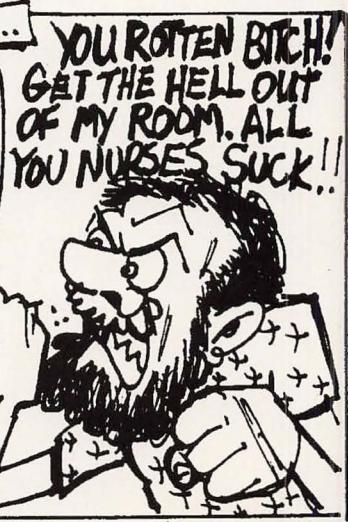
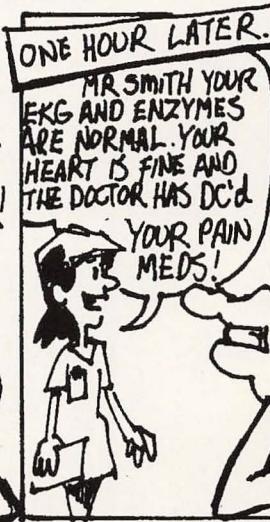
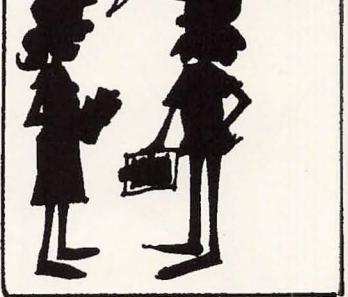
IN 139 IS A 38 YEAR OLD 2 1/2 PACK A DAY SMOKER WITH A HISTORY OF DRUG AND ALCOHOL ABUSE, OLD GUNSHOT WOUND TO THE LEFT LEG, COMPLAINTS OF GENERAL PAIN AND DISCOMFORT ADMITTED THIS TIME WHEN HE USED THE MAGIC WORDS

"CHEST PAIN!"

HE'S A FREQUENT FLYER... WELL KNOWN TO THE ER.
ON MEDICARE AND DISABILITY?

OF COURSE!

HE'S ON THE CALL LIGHT ALOT AND I DON'T THINK HE LIKES ME MUCH! THAT'S ABOUT IT... GOOD LUCK!



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OF
PMS
THE
P.M. SUPERVISOR
By C.J. MILLER

IT'S NURSING
SCHOOL CLASS
REUNION TIME
FOR PMS...

WOW... HERE
I AM, BACK AT
MY ALMAMATER
AFTER ALL
THESE YEARS.



DEBBIE!

OH, KATIE! IT'S
SO GOOD TO SEE
YOU AFTER ALL
THESE YEARS. I
LOST TRACK OF
YOU A FEW YEARS
AFTER GRADUATION.
REMEMBER THOSE
DAYS BACK
IN TRAINING...

ALL THE
FUN AND
TROUBLE WE
GOT INTO.

DO YOU THINK
WE STILL HOLD
THE RECORD FOR
FLUNKING THE
HANDWASHING
PROCEDURE?

AND YOU WERE
MY PATIENT FOR
I.M. INJECTIONS. I
SURE APPRECIATED
YOUR SUPPORT.

YES... I THINK
OF YOU WHEN
EVER I SIT...
HA-HA-HA!
REMEMBER
DROPPING ALL
THOSE STERILE
INSTRUMENTS
IN THE O.R.?

HOW ABOUT THE ALL
NIGHT CRAMMING
SESSIONS...

WE SHOULD HAVE
BEEN GIVEN CREDIT FOR
A FOREIGN LANGUAGE
WHEN WE FINALLY
PASSED ORGANIC CHEMISTRY.

YEP, WE SURVIVED
IT ALL, MUCH TO
THE SHOCK AND
HORROR OF ALL
OUR INSTRUCTORS.
SO, KATIE, WHAT
ARE YOU DOING
NOW?

OH, I'M A NURSING
SUPERVISOR IN CHARGE
OF A 400 BED HOSPITAL
ON THE P.M. SHIFT. I STAFF
IT AND MAKE ALL THE
ADMINISTRATIVE DECISIONS,
AS WELL AS CALL IN ANY
NEEDED O.R. AND CARDIAC
TEAMS. I'M WORKING ON
MY MASTERS DEGREE IN
NURSING... AND STILL WEAR
MY NURSING CAP...

HA-HA-HA!
WHAT A HOOT,
BE SERIOUS
FOR A MINUTE.
WHAT ARE
YOU REALLY
DOING NOW?!

Back Issues

Vol. 1, No. 1-Spring 1991

OB: Progressing from Front to Back · Disease of the Month Club · Sadistics · How to be a Crack ICU Nurse · How to Read Nursing Employment Ads · Space Alien Abduction Disorder · Nurse's Car Shopping Guide · Addendum to DSM III-R · 44pp., \$4.50ppd. Soon to be a collector's item!

Vol. 1, No. 2-Summer 1991

Whinorrhea · Real Reasons Nurses Call in Sick · Toxic Sock Syndrome · En-Clux Test-Bored State of Nursing Review · The Confusion-ometer · Ninja School of Nursing · Communication Skills: Improving Guest Relations · The Humor Basket · Today's Nursing Fashions. 44pp., \$4.50ppd.

Vol. 1, No. 3.-Fall 1991

Wild Bill · Bob's Discount Hospital · Gauze · That was No Body, That was Grandma · You Know It's Going to be a L-o-o-o-ng Shift When . . . Notice of Nursing Vacancy · Arrogant Physician Disorder · Fables from the Forties and Fifties- Peg Redecorates · 44pp., \$4.50ppd.

Vol. 1, No. 4.-Winter 1991

The Bag · Intravenous Therapy · School Nurse · Horoscopy: The Horoscope for Nurses · Beeper Toxicity · More How to Read Nursing Employment Ads · My Favorite Holiday · The Adventures of PMS: The PM Supervisor · Eastside Communiqué · Creating a Comedy Cart. 44pp., \$4.50ppd.

Vol. 2, No. 1.-Spring 1992 - SOLD OUT

Vol. 2, No. 2.-Summer 1992 - SOLD OUT

Vol. 2, No. 3.-Fall 1992

Cerebral Edema Type II · Today's Nursing Fashions · A Portrait From Johnny Yuma · DSM-IV: A Preview for Nurses · Erickson's Developmental Stages Applied to Nursing Research · Fool's Rules · Kidd Knee and Cysto · The Olympic Athletes of Mill Town Memorial · Bedpan Blues · Humor in the Hills. 44pp., \$4.50ppd.

Vol. 2, No. 4.-Winter 1992

Cancer Prevention · A Female Perspective · How to Read Nursing Employment Ads · New Gadgets for the 90's · Care of the Unconscious Patient · Stethoscopes R Us · More Real Reasons Nurses Call in Sick · Forbidden Humor is Not Necessarily Negative Humor, by Dr. Christian Hagaseth III · Send in the Clowns! Part I, 44pp., \$4.50ppd.

Vol. 3, No.1.-Spring 1993

Emergency Department Baseball · Mendy's Laws and Rules of Disorder for Nursing · Insurance Alert · How Humble are You? · Bedside Bird-Watching · Nursing School vs. "Real Life" Nursing · Immediate Nursing Action · Guidelines for ACLS · Humor, Laughter and Tears, 44pp., \$4.50ppd.

Vol. 3, No.2.-Summer 1993

Which Way to the Hospital? · Silly Superior-ISMS · Why Are Computers Better Than Sick Folks? · Behind the Scenes at a Long-Term Care Pharmacy · Iso-Suit · Emergency Stat: Nintendo Overdose · Meet Mr. Nightingale · I Love Being a Mommy · Student Nurse Cut-Ups, 44pp., \$4.50ppd.

Vol. 3, No.3.-Fall 1993

The Dogs and Cats of Healthcare · Why? · 12 Step Nursing School · Faculty Beware · So What Really Made You Become a Nurse? · Three Cheers for the Health Care Team · Are You Ready For The 90's · Knight, Knight · Nursing Lingo · Out of My Class · Jest For The Health of It! · Physician, Tickle Thy Comrade. 44pp., \$4.50ppd.

Vol. 3, No.4.-Winter 1993

The Ideal World of Nursing · Passages · 'Twas the Day Before Christmas · Nurses of Infamy · Broken Heart Syndrome: A Case Study · Read My Lips · Seasonal Depression Related To Lack Of Christmas Spirit · The Art of Pen(light)manship · Liven Up! Fun for Folks at Work ·

Jest For The Health of It! · Making Humor Work, 44pp., \$4.50ppd.

Vol. 4, No.1.-Spring 1994

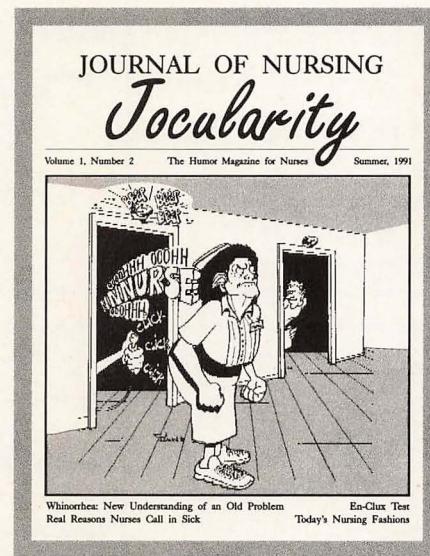
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Tube, Lavage, Charcoal · Profile of an Emergency Room Nurse · Inevitable Outcomes in Home Health Nursing · Surgical Nursing · Cruise to the Islet of Langerhans · If Nurses Did Nursing the Way Doctors Do Medicine · New Gadgets for the 90s · The Nursing Diagnosis and Treatment of Death · The Truth About Condom Catheters, 48pp., \$4.50ppd.

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The Nurses's Bladder · Nursing Admission Note · Clinical Ladders: Giving Nurses a Step Up · How to Interpret Nursing Performance Evaluations · A Day in the Life of a Burn Nurse · Nurse and Infant Development · Nursing's Own Bell Curves · Findings of a Documentation Review Nurse · Is There a Nurse in the House?, 48pp., \$4.50ppd.

Vol. 6, No. 3.-Fall 1996

The Adventures of Indiana Bones · Infection Control Imponderables · My Nine Year Dissertation Pregnancy · Top Ten Work Avoidance Techniques · You Know Your Patient Needs a Psychiatric Consult When... · Lost in Loganville · Confessions of a Fossil · Outbreak of Neisseria Gonorrhoea · Being Funny on Purpose · Medical Abbreviations, 48pp., \$4.50ppd.

Vol. 6, No. 4.-Winter 1996

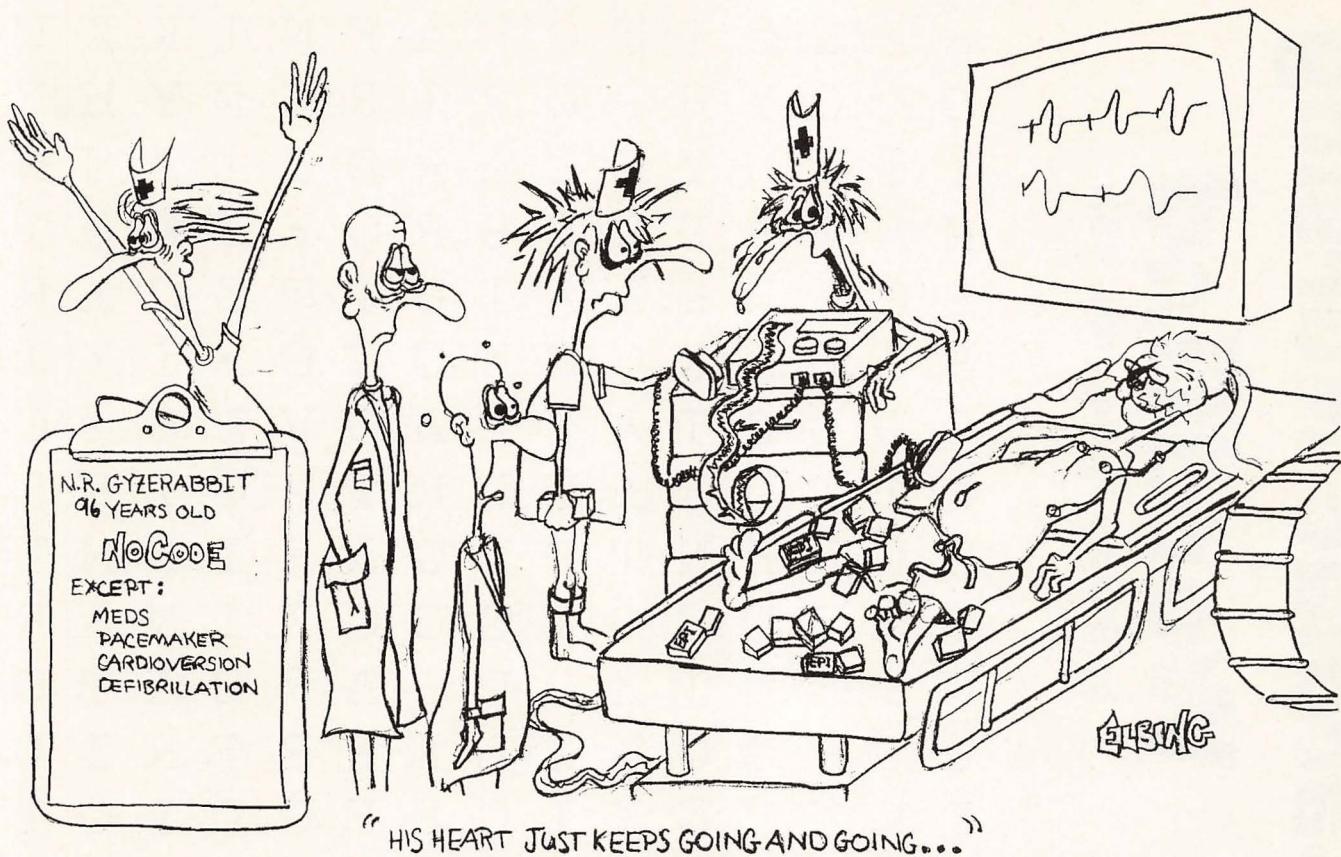
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Nurses Week is May 6 ~ 12 Are You Ready?

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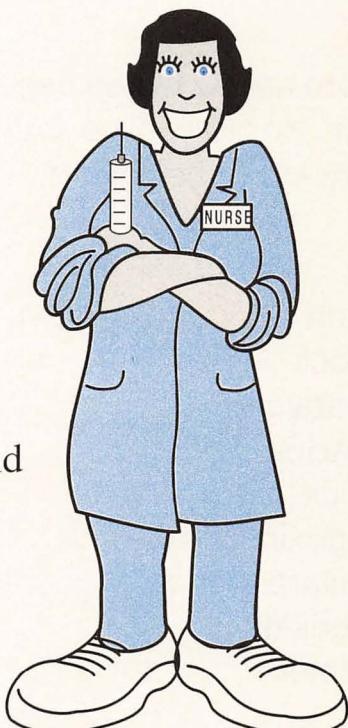
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Cardiac Nursing

Wordfind

by Sandie Molloy, RN, BSN

E	E	N	O	I	T	C	R	A	F	N	I	K	X	V
D	N	O	Y	H	P	O	R	T	R	E	P	Y	H	E
I	I	I	M	Y	O	C	A	R	D	I	T	I	S	N
M	A	T	R	P	D	D	S	R	Q	F	Y	N	O	T
E	C	A	B	E	A	A	I	U	T	T	G	C	X	R
S	O	L	L	R	C	C	X	G	S	O	B	I	Y	I
O	D	L	R	T	A	Y	E	A	O	V	A	S	G	C
R	I	I	U	E	N	D	L	M	T	X	C	I	E	L
U	L	R	B	N	T	P	Y	G	A	R	I	O	N	E
F	M	B	D	S	O	T	G	C	O	K	I	N	A	R
W	I	I	N	I	X	O	U	C	A	R	E	A	T	U
H	T	F	G	O	H	Z	L	L	P	R	T	R	I	L
F	R	N	V	N	K	I	O	H	F	C	D	I	O	I
T	A	C	H	Y	C	A	R	D	I	A	F	I	N	A
B	L	O	C	K	H	Y	P	O	X	E	M	I	A	F

Here are 25 words used by cardiac nurses. See how many you can find! Remember that words can be found horizontally, vertically and diagonally, and can be spelled forward or backward. Good luck! Solution on page 50.

Atria
Block
Bradycardia
CABG
Click
Digoxin
Failure
Fibrillation
Flutter

Furosemide
Hypertension
Hypertrophy
Hypoxemia
Incision
Infarction
Lidocaine
Mitral
Myocarditis

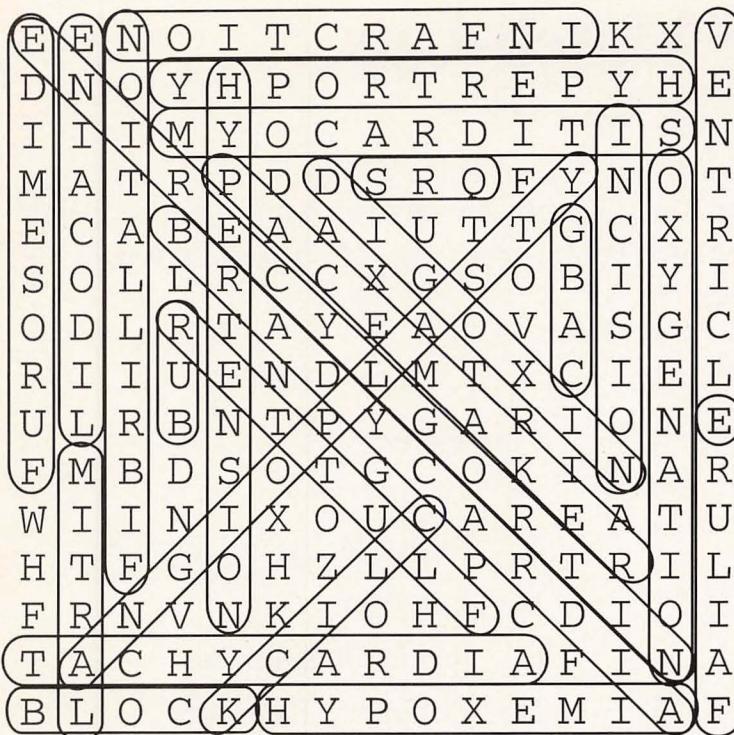
Nitroglycerine
Oxygenation
Pacemaker
QRS
Rub
Tachycardia
Ventricle

Health Care Partner Match-Ups

by Frances Kiefer, RN, MSN

Here is a list of possible office partners in a reshaped health care environment. Try to match the specialist with the care offered. Example: *Otolaryngologist—Veterinarian* would be *Necking and Petting care*. Solution on page 50.

Practitioner/Specialist	Care Given
1. Sex Therapist-Proctologist	A. Buns Menage a Trois care
2. Flight Surgeon-Physiatrist	B. Jelly Belly care
3. Rhinologist—Sex Change MD	C. Inside-Outside care
4. Dentist-Prison MD	D. Debutante Ball care
5. Weight Loss Specialist—Gastroenterologist	E. Humpty-Dumpty care
6. Prison MD—MD Medical Center Founder	F. Bite the Bullet care
7. Hematologist—Allergist	G. Heavy Heart care
8. Proctologist—Proctologist—Proctologist	H. Little Helper care
9. Outpatient Surgeon—Addiction Specialist	I. Flying Leap care
10. Weight Specialist—Cardiologist	J. Bloody Itch care
11. Pediatrician—Hand Surgeon	K. Butt Head care
12. Society MD-Urologist	L. Nose Gay care
13. Proctologist—Neurosurgeon	M. United Way care
14. Neonatalogist—Orthopedist	N. Cut and Paste care
15. Otorhinolaryngologist-Neonatalogist	O. Hold the Mayo care
16. Internist—Dermatologist	P. Quick Fix care
17. Dermatologist—Dentist	Q. News Break care
18. Marriage Counselor—Weight Loss Specialist	R. Little Pinky care
19. Surgeon—Reconstructive Surgeon	S. Harry Caries care
20. Obstetrician—Pediatrician—Physician's Asst.	T. Nose for News care



Health Care Partner Solution

- | | |
|--------|--------|
| 1. E. | 11. R. |
| 2. I. | 12. D. |
| 3. L. | 13. K. |
| 4. F. | 14. Q. |
| 5. B. | 15. T. |
| 6. O. | 16. C. |
| 7. J. | 17. S. |
| 8. A. | 18. M. |
| 9. P. | 19. N. |
| 10. G. | 20. H. |

NEXT ISSUE

If the Motor Vehicle Industry Was Run Like the Health Care Industry by March Warn, RN. If the changes in health care reform are so great, will other industries adapt the model? What if . . .

Which New Role Would Best Suit You? by Janet Rosen, RN, BSN, PHN. Here's a quiz to help you find your place in the new health care system.

Unapproved Abbreviations: You Won't Find These in Your P&P Manual by Maggie Pawlowski, RN, MSN, CCRN. Now you, too, can decipher those charts.

Emergency Medicine: Patient Guidelines by Paula J. Wilshe, BA. How will they know what to do if we don't give them the rules?

How to Start a Humor Board or How to Make That Crack in the Wall Look Better Cheap by Kerri Lynn Hilbert, RN. Detailed instructions on how to add some humor to your workplace.

Florence Nightingale: Mother of All Nurses by Katherine Stronk, RN. Putting nursing in perspective.

Do You Remember When . . . by Andrea H. Sangrik, RN, BSNA. Do you often long for the good old days of nursing? Well, you are not alone.

A Look at High Risk/Multiple Pregnancy by Bina Goodman Simon, RN, BSN. Sometimes, a nurse is the patient, and humor is the only way to cope.

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A Note From The Publisher

Doug Fletcher, RN

Every year or two I like to write my little note from the publisher column to our readers. Because I get a lot of positive phone calls and letters from loyal subscribers, I kind of feel like our readers are family. For most magazines, the job of publisher goes largely unnoticed, but I'm always delightfully surprised when I answer the phone, "JNJ, this is Doug" and a fellow nurse replies "Oh, you're the publisher, I love your magazine." For this reason, I like to share my thoughts and goals with loyal readers because, well, I think you do care.

In the past, my publisher's notes have been related to big changes in the Journal of Nursing Jocularity. In 1993 it was about JNJ getting a real editor. I wasn't very good at the job, and we could actually afford to pay someone to do it. And I must say, the quality and content of the JNJ has greatly increased since Fran London took over the position.

In 1994 I wrote a little note about changing the format and the addition of more color to the magazine. We got a lot of positive mail when we made that step. The JNJ definitely looks better than the old Blue and White days (If you don't understand that, order one of our back issues from the first year and you will know what I mean).

My note from 1995 was about a giant step for us. We actually moved our office from my spare bedroom to a real office space. It's only 900 square feet, but we call it home. Or at least I do, since I spend more time at the office than I do my house. But hey, when I do get home I've got lots of room now.

If you have been a long time reader of the Journal of Nursing Jocularity you may have noticed the change we

are going through. Yes, we have started accepting advertising. It is a big step for a lot of reasons. First, we always resisted selling ads because we didn't want to take the chance of having the advertisers influence the content of the magazine, which happens more often than we like to talk about in the publishing business. Selling advertising in a magazine is kind of like being addicted to a drug. A lot of publications get used to that ad money coming in, and when a loyal advertiser says, "I didn't like that story you published about our industry," a lot of publishers will bend the editorial to please the advertiser.

Since we have been publishing the JNJ for six years now, we feel confident that we truly understand what our readers want. So we are going to accept advertising, but remain true to our readers. If you see an advertiser in our publication that you have a problem with, let us know. We would rather offend an advertiser and tell them, "Your ad isn't appropriate for our publication," than offend our readers.

The other reason we are doing it is economics. In the past two years, the postage rate for magazines has risen at a much steeper rate than first class mail. And the post office keeps threatening to raise rates again for smaller publications like the JNJ. The cost of paper has also risen drastically in the last few years—almost 200% for some paper stocks. We have only had to increase our subscription rate once since starting our publication. With advertising sales, we hope to postpone raising our rates for at least another year.

Let us know what you think about our changes. If you like the advertising in the magazine, and appreciate the fact that advertisers are subsidizing a lower subscription rate, let the advertisers know. If there is something about the JNJ that you don't like, let us know. Since starting this publication in 1990, I have always felt that the magazine really did belong to our readers. It is written, edited and illustrated by nurses. We just put it together and stick it in the mail. So once again, let us know how we can improve YOUR humor magazine for nurses.

Classified Advertising

The Journal of Nursing Jocularity reaches 20,000 paid subscribers each issue. With over 4.4 readers per magazine, your classified ad will reach over 80,000 nurses. Closing dates are: Spring issue, December 20; Summer issue, March 20; Fall issue, June 20; and Winter issue, September 20. Rates: \$5 per typed line or \$35 per column inch, 7 line minimum. Approximately 30 characters per line. All classified ads must be paid in advance. No proofs will be provided. The publisher cannot accept responsibility for content of advertising. Contact: Cindy Jones, Advertising Sales Director 817-447-2505, FAX 817-447-2670, email 105057.24@compuserve.com

Journals

Humor & Health Institute and Journal - Dedicated to humor and communicating its relationship with health. For free info pack write: H&H, POB 16814, Jackson, MS 39236-6814; (601)975-0075.

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Nursing Excellence is Here! Nurse Nerd is a new comic character. She is confident, witty, knowledgeable, and Empowered! If you need some humor in your life, pizzazz in your job, or just a chuckle, Nurse Nerd is for you. Cartoon Book \$12. Custom designed slides & educational offerings available. CCRN Review tapes \$20. NN Inc., 2257 Valencia Drive, Lexington KY 40513.

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2nd Annual Jocularity Cruise departs from Cape Canaveral, Florida and sails to the Bahamas, October 2 - 5, 1997. Come join us on a three-day cruise filled with fun, sun and loads of great food all while earning nursing CEUs! What are you waiting for? Call 602-835-6165 and sign up today.

Audio Tapes

Wits & Bits Audio Magazine: Listen and laugh! The easy way to keep up on the latest trends in humor. Jog with it, play it in the car or in the comfort of your own home or office. HumoRx presents this bi-monthly, 60 minute audio magazine for \$59.95. Become a charter member now by contacting: HumoRx, PO Box 1273, Hannibal, MO 63401-1273 or call (800)848-6679.

Making Sense of Humor: How to Add Joy to Your Life, written/read by Lila Green. This enchanting audiobook offers fun yet practical tips on how to use humor to enhance communication, relieve stress and increase work performance. The audiobook focuses on humor in healthcare, devoting an entire chapter to the topic. Call 1-800-653-9400. \$14.95.

Miscellaneous

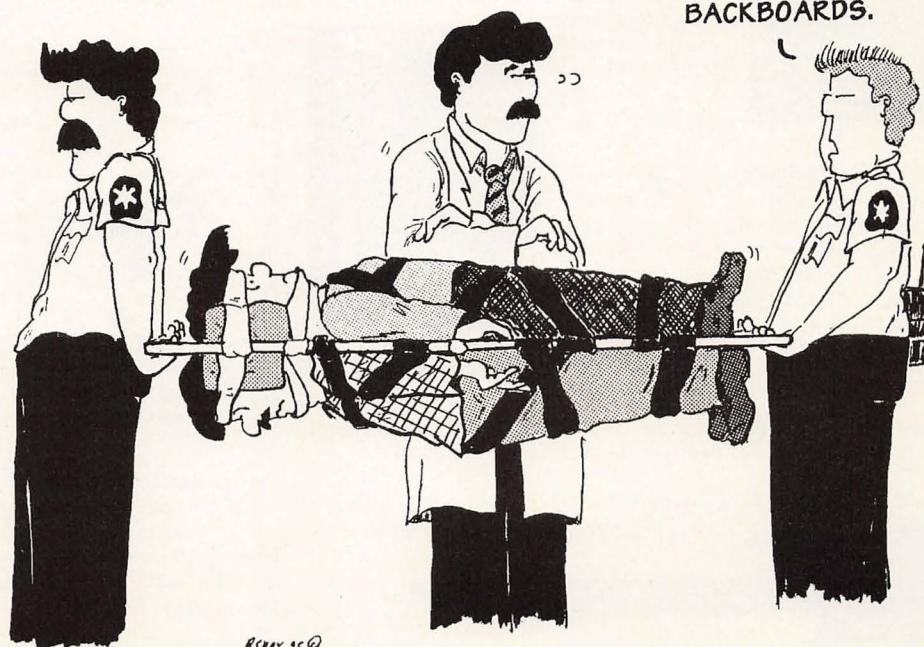
Make People Laugh Like Never Before ! Help yourself & your patients become happier & healthier! Enjoy life more! The latest humor tips and secrets. Free information! Write today!

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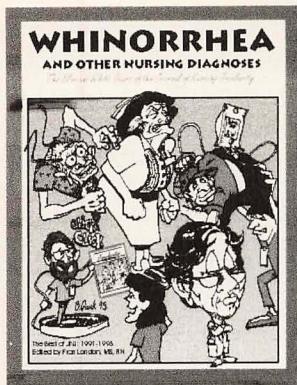
STEP RIGHT UP! The Sears Drug Catalog of 1904 will cure your kidneys with asparagus, treat your addictions with opium, and may have you waxing romantic about the FDA. Perfect for a bathroom near you! \$8.50 post-paid from

The Animating Apothecary,
201 Arcadia Blvd, Battle Creek, MI 49017

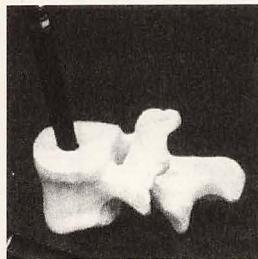
WE RAN OUT OF BACKBOARDS.



BERRY 15©



Whinorrhea and other Nursing Diagnoses. This book is the best of the Journal of Nursing Jocularity's first three years. Over 200 pages of hilarious stories and sidesplitting cartoons. This book is the perfect gift for any nurse on your list. BK018BOB Whinorrhea and other Nursing Diagnoses. \$18.95. If you buy two or more copies, it's only \$15.95.



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Backbone Pen Holder Anatomically correct lumbar vertebra from the human spine is cleverly drilled in the center to support a pen or pencil. Makes a great gift for your favorite nurse's desk top. Set of 2. MS012BPH Backbone Pen Holder \$4.95

ACLS T-shirt This is Your Brain...This is Your Brain During ACLS. Whether you're fac-ing your first ACLS mega-code or you just cringe when remembering, you'll enjoy this T that parodies the anti-drug message of the '90s. Printed in a bright kaleidoscope of colors on a white 50/50 T. Available in Large and X-Large. TS014ACL, \$16.99



Ineffective Individual Coping. A slightly very twisted musical review of the "sicker" side of health care. Tired of bedpans, paperwork, and under staffing? Stressed out and overworked? Let Too Live Nurse help you laugh at it all! Too Live Nurse is the group that brought you "Rockin' to the Algo-Rhythms." Cassette Tape. Includes: The Bedpan Blues, Doin' The Incontinence Rag, Ventilate Me and more. TA007COP Ineffective Individual Coping \$10.00

Rockin' To The Algo-Rhythms 2 by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorithms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well! Includes cassette tape and lyrics booklet. TA001RAR Rockin' To Algo-Rhythms 2 \$15.00

Special Offer! Order Both Too Live Nurse tapes, Ineffective Individual Coping and Rockin' To The Algo-Rhythms 2, and get a FREE "Air Guitar"!



44" Inflatable "Air Guitar". A must for any humor basket or humor cart. MS006GUI Air Guitar \$1.25



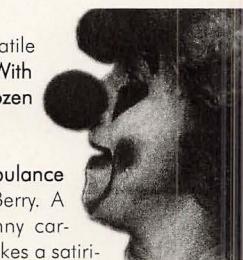
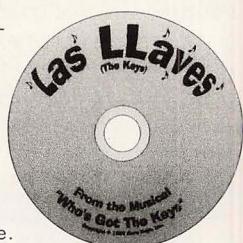
23" Rubber Chicken Mandatory for any humor basket. Each rubber chicken includes the new 16 page booklet "A Nurse's Guide to Therapeutic Uses of a Rubber Chicken" by Fran London, MS, RN. MS004RUB Rubber Chicken & Booklet \$6.95

Las Llaves! This CD is the first single from the upcoming musical Who's Got The Keys? Las LLaves mean The Keys and each CD includes the line dance steps to go along with the music. You may already know some of the dance steps. When someone on your floor says "Who's got the keys," doesn't the whole nursing staff go through a dance that looks a little like the Macarena?

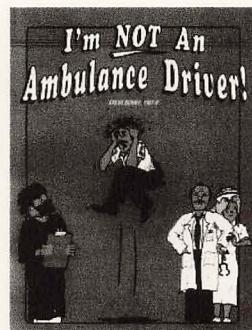
You know what we are talking about. Be the first on your unit to learn this new dance craze. TA012LLL Las Llaves \$5.00.

A NURSE'S GUIDE TO THERAPEUTIC USES OF A RUBBER CHICKEN

by Fran London, MS, RN
Editor, Journal of Nursing Jocularity



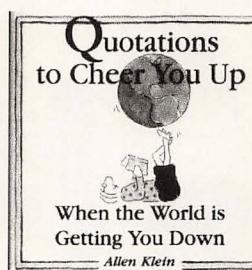
2" Sponge Clown Nose. One of the most versatile items in your humor basket. Get One Free With Every Order. MS006NOS Clown Nose. One Dozen for \$6.00



I'm NOT An Ambulance Driver! by Steve Berry. A jam packed, funny cartoon book that takes a satirical look at life as an EMS provider. Steve has practiced the art of paramedicine since 1984 and in his words is "an advocate of humor and have come to find satire as my link to survival in a career so often marred with anguish and discouragement." Sound familiar?! This is Steve's first book in a series of four. BK017NAD Not An Ambulance Driver \$14.95

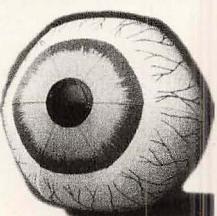
Special Offer! Buy all Four of Steve Berry's I'm Not an Ambulance Driver books and get a big discount! BK017SET Not an Ambulance Driver Set Only \$49.95

Syringe Pens Injecting a little humor into your life will be much easier with the aid of these hypodermic needle ball-point pens. Each is filled with a harmless red liquid and contains blue ink. Size: 5 1/4" long. 2 pens per set. MS014HMP Syringe Pens \$4.95



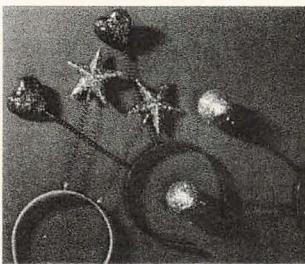
Quotations to Cheer You Up When the World is Getting You Down by Allen Klein will lift your spirits and tickle your fancy with classic quotations from the sublime to the ridiculous. This handy desk-reference offers over 750 witty quotations and is a great resource for writers, speakers and anyone who likes to have a perfect line on hand. Hard Cover. BK021QCU Quotations to Cheer \$9.95

Eyeball Beach Ball Summer's coming! Are you ready? Whether you're making rounds in the hospital or just relaxing in your backyard, everyone needs a little fun in their lives and this 8" vinyl inflatable beach ball is just the ticket. MS008EBB Eyeball Beach Ball \$2.00





How to Create a Comedy Cart with Leslie Gibson, RN, BS. This presentation will help answer your questions on how to develop a therapeutic humor program. It is packed with information on how to prepare a budget, orientation of staff, management of supplies and obstacles to avoid. Facilitator and patient guides are included. Video (38 minutes). TA010CCCC Create a Comedy Cart \$50.00



Skeleton Key Chain No bones about it - these key chains are a fantastic way to keep track of all your keys. How about using one to dangle from the keys to the narcotics cabinet? Also a perfect accessory for dancing to "Las Llaves." Each skeleton is 6" long, plastic, and is adorned with rhinestone eyes. MS007SKC Skeleton Key Chain \$2.00



Sparkling Headband Go ahead! Get a little crazy! You can wear this sparkling, glitter-encrusted plastic headband to add a little spice to your normal rounds. Also makes lovely headgear for those confined to a hospital bed. Popular in pediatrics. These plastic headbands come in assorted colors & styles, one size fits all. MS016SHB Sparkling Headband \$1.00 each, \$6.00/dozen



John Wise Ceramic Mug. This white 11 oz. mug has one of John's most popular cartoons on the side (see cartoon on left). "If you think you're getting overtime for this you're CRAZY!" Perfect for your favorite beverage. MS015JWM Crazy Mug \$7.00

The Nursing Process T-Shirt. Another John Wise Classic on a white 50/50 t-shirt. This one speaks for itself. Sizes L, XL or XXL. TS015WHI Nursing Process T \$15.00



Laughter Therapy

How to Laugh About Everything in Your Life That Isn't Really Funny

ANNETTE GOODHEART, PhD.

Laughter Therapy: How to Laugh About Everything in Your Life That Isn't Really Funny by Annette Goodheart, PhD. Fifteen years in the making, this wonderfully enlightening and entertaining book reveals Dr. Goodheart's profound understanding of laughter as an integral and healing element in our lives. Part 1 contains the theory of laughter, sprinkled generously with real life stories; Part 2 details 25 ways to help yourself laugh. Paperback, 150 pages. BK029LTH Laughter Therapy \$15.00

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JNJ71



HUMOR

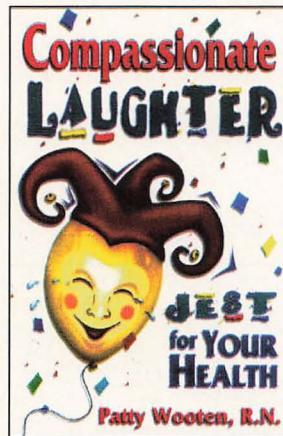
by Karyn Buxman, RN, MS

This issue I have two delightful resources for you. It is with great pleasure that I bring you Compassionate Laughter by Patty Wooten (Commune-A-Key Publishing, 1996, 204pp, \$12.95). Over the last 25 years or so, Patty Wooten has developed a philosophy about the use of humor by and for nurses and other health care professionals. During her career as a nurse humorist, clown and speaker, she has made acquaintances and connections with the movers and shakers of the therapeutic humor field. Through the years, recognized experts in the field such as Bernie Siegel, Larry Dossey, Lee Berk, William Fry, Vera Robinson, and even Norman Cousins have all been impressed by Patty's work.

Now Patty has compiled her years of personal experience and combined it with the validation provided by scientific research to produce a must-read for anyone with an interest in humor and health care. Written in an easy-to-read style, Patty successfully addresses the form and function of humor, provides scientific evidence of laughter's healing potential, and furnishes guidelines for establishing a

therapeutic humor program for work or home.

In her first chapter, "The Laughing Heart: Connecting with Life," Patty addresses the source of humor, how one develops a sense of humor, and how to find humor even in the most difficult situations. She also covers



different uses of humor, including hoping and coping.

Chapter 2, "The Caring Heart: Service with a Smile" explores humor as a nursing intervention and also takes an in-depth look at laughter.

Following is "The Healing Heart: Medical Mirth" which addresses whether or not humor can help people cope with stressful events. Via the

field of psychoneuroimmunology, Patty demonstrates that humor and laughter can stimulate changes that will enhance health and facilitate recovery from illness. Then, in "The Merry Heart: Mirth Aide," Patty shares the vast possibilities of humor programs ranging from bulletin boards, baskets, carts, newsletters, and humor rooms to full scale caring clown programs. Suggested guidelines for various kinds of humor programs are also included.

The chapter entitled "The Foolish Heart: Send in the Clowns," is a wealth of information on the history of clowns, different types of clowns, development of a clown character, and a look at the evolution of Patty's own clown characters: Scruffy, Nancy Nurse, and Nurse Kindheart. And finally "The Sacred Heart: The Spirit of Laughter," looks at the connection between humor and spirituality. Patty shares, "Compassionate laughter will help you let go, teach you to surrender, and encourage you to forgive. As your humor develops from innocence and play, through tension and conflict, and finally to compassion and peace, you will find a greater awareness of God."

At the conclusion of each chapter is "Chapter Chat," a lively and humorous commentary between Patty's clown aliases, Nancy Nurse and Nurse Kindheart. For those who have never had the delightful opportunity to see these characters "live," Nancy Nurse is a wild and irreverent redhead with a combat belt full of tubes and equipment ready to tackle any challenge from an obstinate physician to health care reform! Nancy Nurse is a caustically funny "nurse's nurse," saying all the things a frustrated nurse loves to think, but doesn't have the ability to express.

Then there is a second clown character, a more gentle, soft-spoken, white-haired "traditional nurse," Nurse Kindheart, who happens to sound quite a bit like Mrs. Doubtfire. Nurse Kindheart's soft subtle humor provides balance to Nancy Nurse's loud in-your-face style. Nancy Nurse and Nurse Kindheart recap each chapter in a point:counterpoint style providing a light summary and transition into the next chapter.

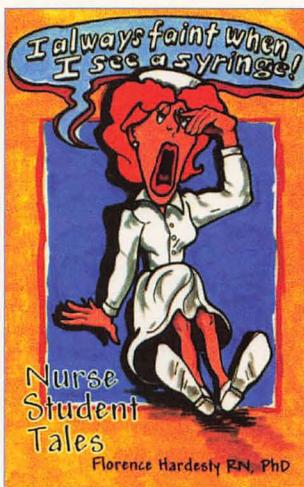
For readers who are merely looking for some ideas and examples of therapeutic humor, they will not be disappointed. However, for those who wish to use this book as a springboard for further studies and research, Patty has supplied an extensive Resource List, Glossary, Appendix of her favorite resources and connections, Bibli-

ography, and Index. I'm asked to review many books on the topic of therapeutic humor, but I can say without a doubt that Compassionate Laughter is my pick for this year. Available at bookstores. To order an autographed

with Florence's humorous, challenging, and sometimes painful situations. We've all worked with the exasperating student nurse; we can all relate to the cold-hearted instructor who ate rusty nails for breakfast; we can each recall our most embarrassing moments as a student with eight thumbs and two fingers; and we can recall the classmate who constantly opened his or her mouth and constantly changed feet. I was reminded of the time many years ago I found one of my own class mates hiding in an empty patient's room softly crying that she didn't really want to be a nurse. When I asked her why not she replied, "Ill people make me sick!" Nurses, nursing instructors and student nurses will all find themselves in the chapters of this book.

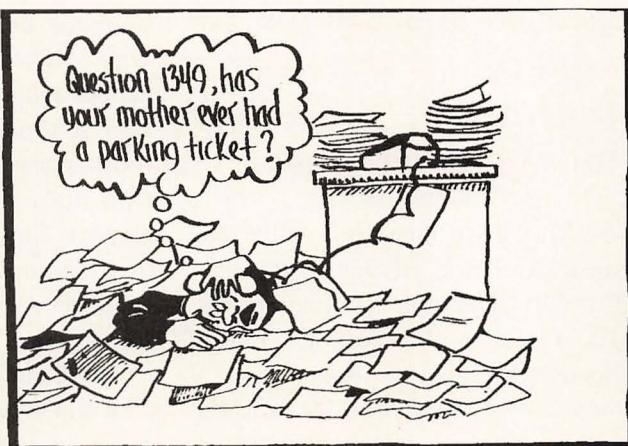
Florence demonstrates how the teacher is often the student and the patient is often the ultimate teacher. By sharing her own personal experiences as a mature student returning to school, Florence will serve as an inspiration to anyone who is considering going back and taking the plunge. Although written in a light style, I wouldn't rate this book as strictly humorous. But take this opportunity to be inspired, enlightened and comforted by these honest and straight-from-the-heart accounts. To order call the publisher at 800-925-9979, ext. #70.

And until next time, I remain yours in laughter! Karyn



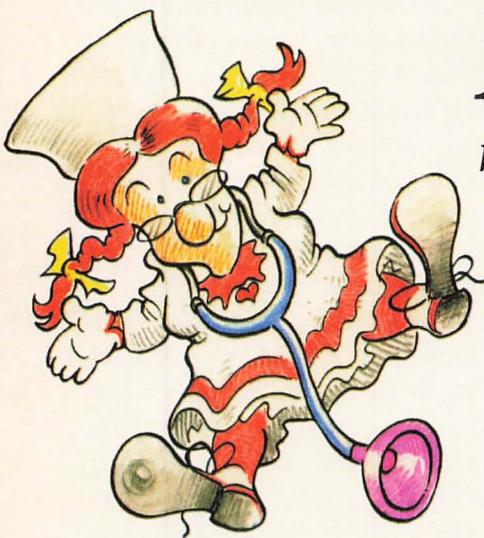
copy contact Patty Wooten directly at 916-758-3826.

Next for your reading pleasure is I Always Faint When I see a Syringe, written by retired-nursing professor-turned-author, Florence Hardesty (Silver Tree Books, 1996, 372pp, \$14.95). Step through the doors of a hospital school, St. What's-His-Name, and meet an eclectic group of nursing students, like Miss Faintheart, who uttered the memorable title phrase, and Miss Fumblefingers, the catheterization expert. As a former nursing instructor, I found myself smiling and nodding in agreement as I connected



JEST for the HEALTH of IT!

by Patty Wooten, BSN, CCRN, a.k.a "Nancy Nurse"



Clowning Around

I got to go to the circus, the Big Apple Circus, in New York City. And believe me, that city can be a circus. I spent a whole day with the Clown Care Unit at Babies' Hospital, part of the Columbia-Presbyterian Medical Center. It was a dream come true for me. Ever since I'd learned of the hospital clown (caring clown) program that began about ten years ago, I've wanted to see these clowns in action, up close and personal. Finally, I got my wish.

The NBC show *Real Life* invited me to comment on the therapeutic benefits of the clowns' communication with the hospitalized children. I tagged along with the film crew as they captured the clowns in action. While two of the clowns performed at the bedside, I interviewed the other two in the hall. They spoke of their assessment process to determine each child's special needs. They discussed how they chose specific comedy techniques or routines based on the child's age, disability and enthusiasm that particular day. The clowns emphasized the importance of continued training and development of their per-

formance skills to maintain the quality of their work. As I walked the halls of Babies' Hospital with the clowns, I was reminded of how nurses mentor new grads: first, by clarifying their observations, then explaining the rationale for their clinical decisions.

Says Dr. Driscoll, MD. "I believe that any pediatric hospital that does not provide clowns is not providing comprehensive care. These clowns are as important to the child's recovery as the highly technical medical therapies we offer."

My clown mentors for that day were Dr. Trikki (Richard Ellis), Dr. Comfort (Deborah Kaufmann), Dr. T.L. (Todd Robbins) and Dr. Full of Beans (Suzanne Haring). Most of these clowns have been with the Big

Apple Circus Clown Care Unit since its inception almost ten years ago.

Dr. Trikki pushes a golf cart stuffed with props, magic tricks, juggling rings, and much, much more. He also plays songs on a tiny harmonica that he holds in his lips (Look, Mom—no hands). "I like to empower the kids, so I let them choose what they'd like to see from my cart and I use that prop as a starting point for my routines. Since we are constantly lampooning the physicians, the golf cart works great for me. I tell the kids that I just got in from the links."

Dr. T.L. is a tall clown who appears even larger with his black top hat. I was amazed at how very few props he used. Instead, he worked with quick verbal repartee and interactions with another clown. "What I find continually amazing, is how a room is transformed by our visit. We walk into a room and the sadness and gloom is almost palpable. After we've fooled around and helped everyone to laugh, the room is considerably lighter and brighter."

Dr. Comfort is a short, curly-haired clown in a polka dot dress. She will

approach a child or parent announcing, "I know what you need. You don't have a single dot." She then removes one of her dots (a paper circle applied over a polka dot on her dress) and places that on the child's gown. She then proclaims, "Dots just what you needed." And another clown will reply, "Dot will make him feel much better," "Dot certainly will." Dr. Comfort had just returned from Improvisation Camp and explained how essential that skill is for a caring clown. "When we walk into a room, we never really know what we'll encounter, we work with the child and his environment just as they are. We can't work from a prepared routine, although we have many polished routines from which to choose. Instead we take our cues from the child or sometimes the parent, and then adapt our routines and interaction to blend with what that child needs in that moment."

Dr. Full of Beans is a tall, thin clown with long braids. Her baseball cap, worn slightly askew, and her high top tennis shoes, give her the appearance of a playful little girl. She has a toy slide trombone with a kazoo built inside. As she enters the room, or when another clown is juggling or doing magic, she plays music. She explained why the clowns use a very small amount of makeup and wear comical hats atop their natural hair rather than a wearing the wig and full face makeup of traditional American clowns. "We want the kids to see our human nature and we rely on our routines and interactive skills to carry the comical impact. We work in pairs when we visit the children, one male and one female clown, because some kids are more comfortable with men and some with women. As a team, we can play our comedy off each other and allow the child to simply observe or to join in the frivolity if they wish."

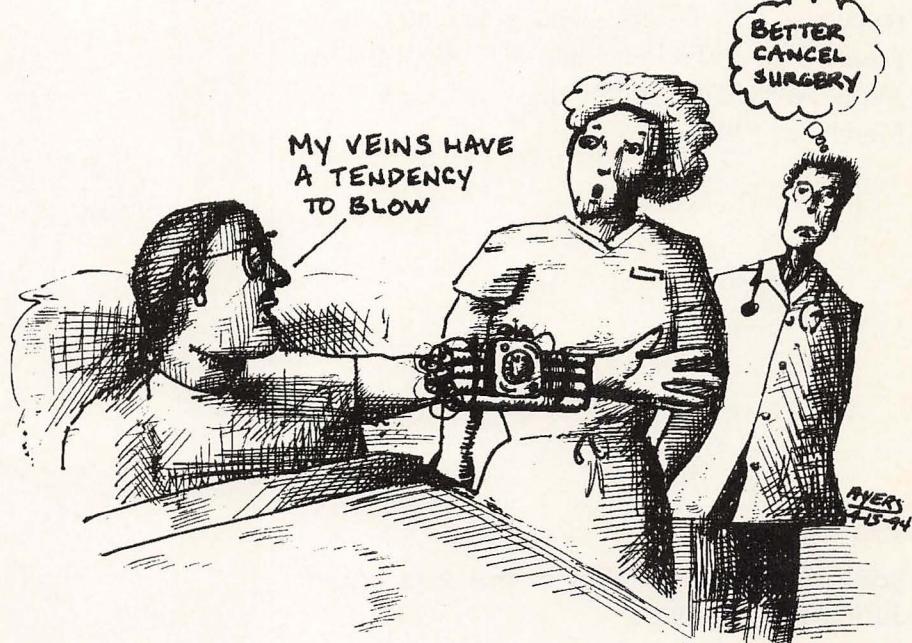
Dr. Driscoll MD, (a real physician) former chief of pediatrics at Ba-

bies' Hospital and a strong supporter of the Clown Care Unit, shared his views on the service the clowns provide. "Children are, by nature, very resilient and hopeful. The clowns support that hopefulness by maintaining an atmosphere of playfulness that is essential for a child. I believe that any pediatric hospital that does not provide clowns is not providing comprehensive care. These clowns are as important to the child's recovery as the highly technical medical therapies we offer."

Last year, the Hinda and Richard Rosenthal Center for Alternative Medicine at Columbia University in New York City provided a \$150,000 grant to study the impact the clown visits have on the children's well being. Dr. Driscoll declined to give details of exactly what the study would measure because public awareness, at this point in the study, could contaminate the research by influencing how the staff recorded their observations. He indicated that the research would be completed by summer of 1997 and a full report would be published.

Because of the growing interest in the therapeutic benefits of caring clowns, the Big Apple Circus Clown Care Unit is considering the feasibility of a training program for other clowns who wish to bring this service to their hometown hospitals. At this time, there are no firm plans for such a program, but it would probably be a residential program in New York City. To find out more information about this or about the clown program in general, contact Amy Fleisher, public relations representative for the Clown Care Unit. (Amy Fleisher, Public Relations, Big Apple Circus, Clown Care Unit, 35 West 35th St., 9th floor, New York, NY 10001, 212-268-2500)

These clowns bring healing energy to the bodies, minds and spirits of sick children and their worried parents. They offer a complementary therapy to traditional medical treatments. Perhaps the research project will prove what Groucho Marx said years ago: "Clowns are like aspirin, only they work twice as fast."



Punchline Punchline Punchline Punchline Punchline Puzzler Puzzler



Runner-up captions

The Compulsive Macarena Syndrome takes another victim!

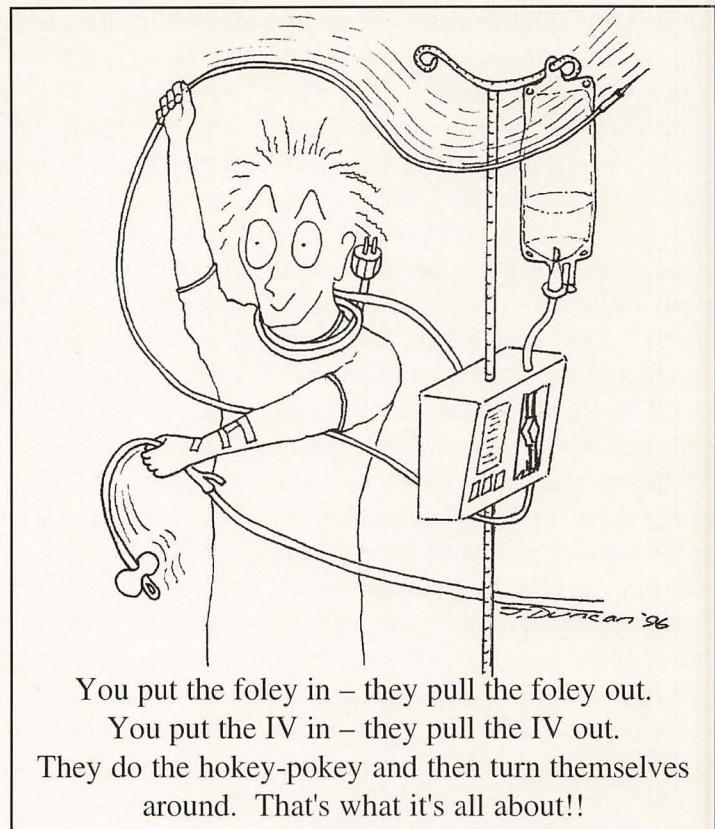
Lisa Morales, RN
Denver, CO

At last, Mr. "Hey isn't this the Rodeo?" meets JCAHO's criteria for applying restraints.

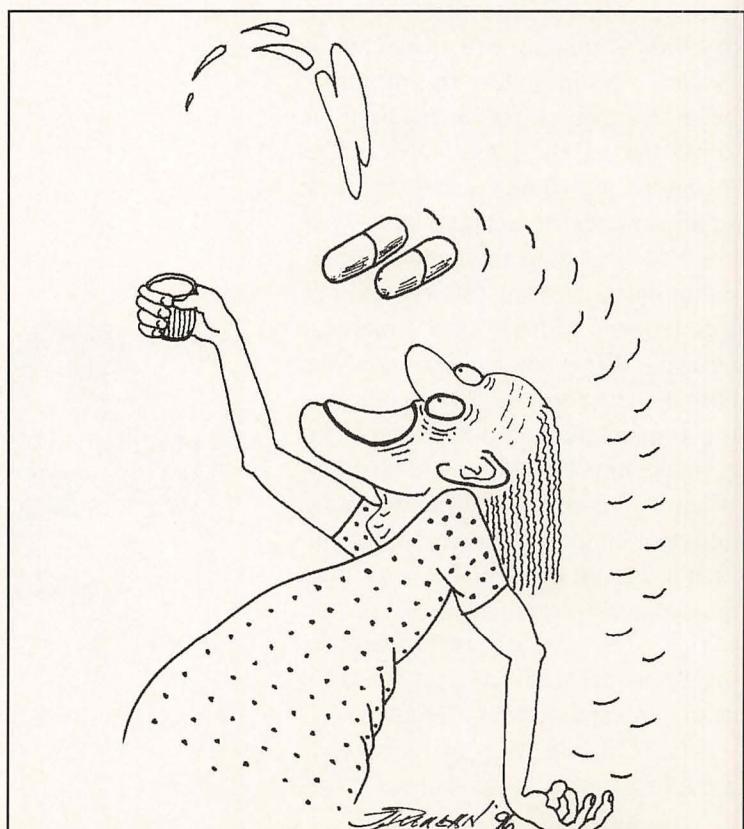
Amy Marzona, RN
Reading, PA

This cartoon needs a punchline. The Journal of Nursing Jocularity will award \$25 and a JNJ T-shirt for the best caption. Two runners-up will receive a JNJ T-shirt. Send your entry on a postcard to: JNJ - Punchline, P.O. Box 40416, Mesa, AZ 85274. Entries must be received by March 30, 1997.

Special thanks to Ethel of the Red Robin Judging Committee



Winning caption by
Marsha Misiaszek
Uxbridge, MA



Who's Got The Keys?

A Musical About Health Care and Nursing!

"Who's Got The Keys?" is a Broadway-Style Musical with a cast of 20 singing, dancing health professionals. It is the story of a burned-out nurse who discovers the real meaning of being a nurse with the help of a maniacal hospital CEO, a cruel medieval cardinal, Florence Nightingale, an evil four-headed HMO monster and a lovable gomer. Filled with song, dance and lots of

laughs, "Who's Got The Keys?" looks at nursing like it's never been looked at before. Advance general admission tickets are available now for \$21. "Who's Got The Keys?" will be videotaped and available through the Jocularity Catalog in July, 1997.



The song "Las Llaves" is the first single released from our musical. "Las Llaves" is Spanish for "the keys." The line dance that goes along with the song is a little thing nurses have been doing for years whenever anyone asks "Who's got the keys?" (referring, of course, to the keys to the narcotics box). The single is available on CD from the

Jocularity Catalog for \$5.00 plus \$2.00 shipping. The dance steps are included with each CD. You can order by phone at 602-835-6165, Monday through Friday, between 9:00 am and 3:00 pm MST or send check or money order to: **Jocularity Catalog, P.O. Box 40129, Mesa, AZ 85274.**

The World Premier Presentation!

8:00 pm, May 31, 1997 at the Disneyland Hotel

Don't Miss This One in a Lifetime Opportunity

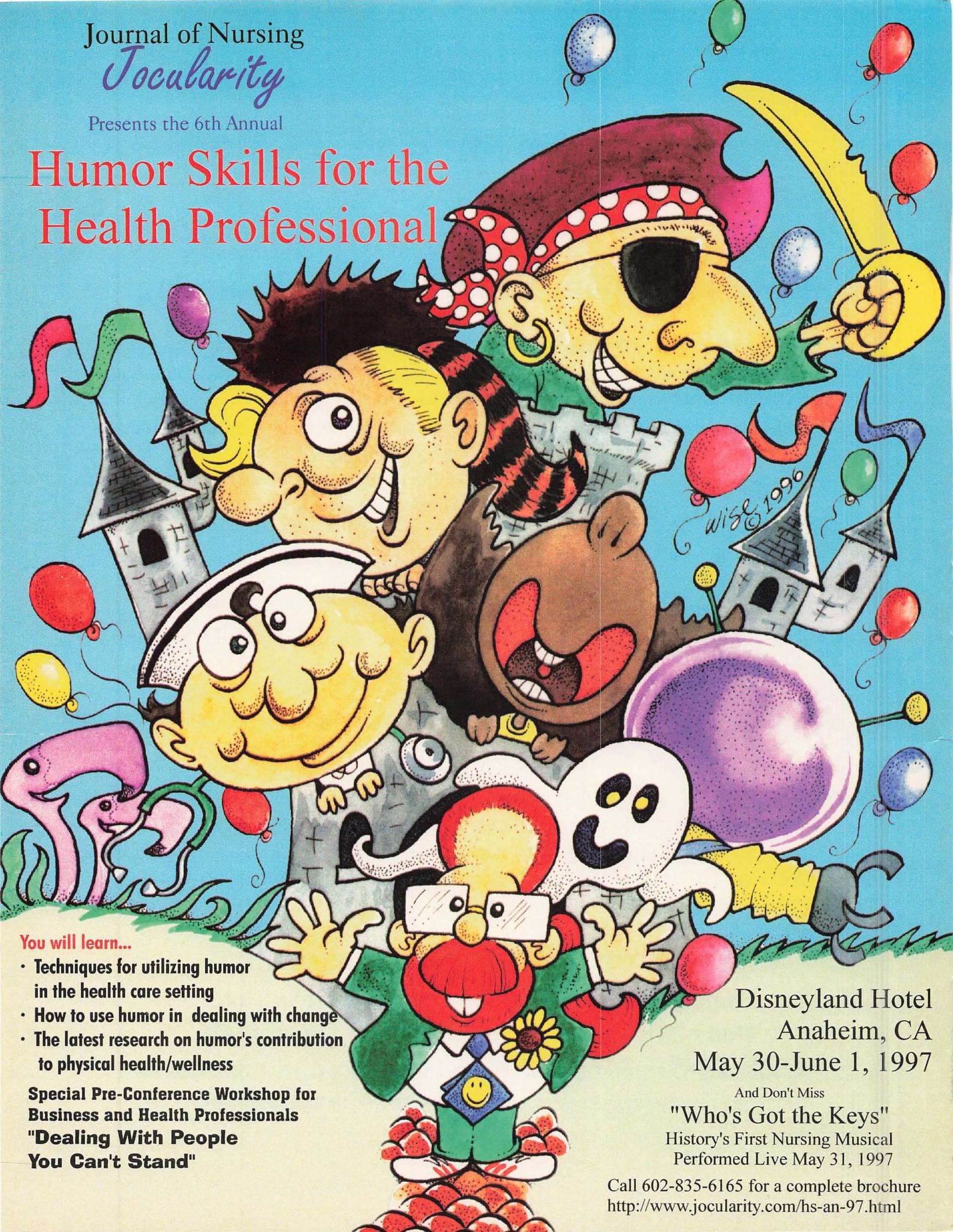
Call 602-835-6165 for Tickets or more information.

see <http://www.jocularity.com/llaves.html> for more information

Journal of Nursing
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Presents the 6th Annual

Humor Skills for the Health Professional



You will learn...

- Techniques for utilizing humor in the health care setting
- How to use humor in dealing with change
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**Special Pre-Conference Workshop for Business and Health Professionals
"Dealing With People You Can't Stand"**

Disneyland Hotel
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May 30-June 1, 1997

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"Who's Got the Keys"
History's First Nursing Musical
Performed Live May 31, 1997

Call 602-835-6165 for a complete brochure
<http://www.jocularity.com/hs-an-97.html>

WHAT IS "LAS LLAVES"

(pronounced las ya-vase)

"Las Llaves" is Spanish for "the keys." The dance is a little thing nurses have been doing for years whenever anyone asks "Who's got the keys" (referring of course to the keys to the narcotics box). The song is from the upcoming musical "Who's Got The Keys" that will be presented May 31, 1997 on the Grand Ballroom Stage of the Disneyland Hotel, in association with our "Humor Skills for the Health Professional" conference. The song "Las Llaves" is the first single to be released from the musical and is now available on CD.



"Who's Got The Keys" is the story of a burned out nurse who discovers the future of health care, with the help of a maniacal hospital CEO, a cruel medieval cardinal, Florence Nightingale, an evil four-headed HMO monster and a lovable gomer. Filled with song, dance and lots of laughs, "Who's Got The Keys" looks at nursing and health care like it's never been looked at before.

More information about this musical is available on our web page at:
<http://www.jocularity.com/llaves>. If you would like a brochure for the "Humor Skills for the Health Professional" conference or would like to purchase tickets to "Who's Got The Keys" call us at 602-835-6165. Discounts for groups of 20 or more.

So . . . WHO'S GOT THE KEYS?

The single "Las Llaves" is now available on CD. You can order by phone from the Jocularity Catalog at 602-835-6165 Monday through Friday, between 9:00am and 3:00pm Arizona time (mountain standard). The cost is \$5.00 plus \$2.00 for shipping. Or you can send check or money order to:

Jocularity Catalog
P.O. Box 40129
Mesa, AZ 85274

Yes I want "Las Llaves" on CD. Please send me _____ copies at \$5.00 each plus \$2.00 shipping for the first CD and \$1.00 shipping for each additional CD for a total of \$_____

Name _____

Address _____

City/State/Zip _____

**This is a limited edition collectable CD - Less than 700 remain.
Don't Miss Out! Order Today! Sorry no wholesale orders accepted.**

How To Do "LAS LLAVES"



Right hand forward, turn the
keys to the right



Turn the keys to the left



Check your left top pocket
with your right hand



Check your right top pocket
with your left hand



Check your left pants pocket
with your right hand



Check your right pants pocket
with your left hand



Check your right back pocket
with your right hand



Check your left back pocket
with your left hand



Step forward with your right
foot . . .



. . . then your left foot forward



Right hand out, a little head
tilt and a little hip movement



Left hand out, a little head tilt
and a shoulder shrug



Step backwards with your
right foot



Left foot back with a toe touch



Left foot to the side while
turning your body to the right



Right foot back then start all
over again